12/02/2010 10:16

Image# 10992307782

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: **Termination Report** (TER) in the 02 2010 DC 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Leonard Russ Type or Print Name of Treasurer Electronically Filed by Mr. Leonard Russ 12 02 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/67

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Health Care Association Political Action Committee D D 10 14 2010 22 2010 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 128897.14 January 1 (b) Cash on Hand at 113586.28 Begining of Reporting Period 65429.49 884643.63 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 179015.77 1013540.77 6(a) and 6(c) for Column B) 903525.00 69000.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 110015.77 110015.77 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 67

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

D D 14

2010

To:

м м 1 1 D D 2 2

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	45799.95	768064.82
(ii) Unitemized	14629.54	84078.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	60429.49	852143.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	13000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60429.49	865143.63
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	5000.00	19500.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	65429.49	884643.63
. Total Federal Receipts (subtract Line 18(c) from Line 19)	65429.49	884643.63

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 67

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	69000.00	901050.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
8.	Refunds of Contributions To:		
((a) Individuals/Persons Other Than Political Committees	0.00	2475.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2475.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i ddidi dildid	2.22	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		3,00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	69000.00	903525.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	69000.00	903525.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 67

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	60429.49	865143.63
١.	Total Contribution Refunds (from Line 28(d))	0.00	2475.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	60429.49	862668.63
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	d Statements may not be sold or used by any personal the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Coral Teresa Andrews Mailing Address 932 Ward Ave Ste 430 City Honolulu FEC ID number of contributing federal political committee. Name of Employer Health Association of Hawaii Receipt For: Primary General Other (specify)	State Zip Code HI 96814-2126 C Occupation Executive Director Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dirk Anjewierden Mailing Address 2180 So. 1300 E City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Utah Health Care Assn. Receipt For: Primary General Other (specify)	State Zip Code UT 84106 C Occupation Executive Director Aggregate Year-to-Date 550.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Cecil Barcelo Mailing Address 411 Alabama Ave City League City FEC ID number of contributing federal political committee. Name of Employer Baywind Village Receipt For: Primary General Other (specify)	State Zip Code TX 77573-2615 C Occupation Administrator Aggregate Year-to-Date 1100.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) >	588.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt
Mailing Address 2212 Hidden Valley	y Ln	10 25 2010
City	State Zip Code	Transaction ID: C1136649
Silver Spring	MD 20904-5240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer AHCA	Occupation Director, Regulatory	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Lyn Bentley		Date of Receipt
Mailing Address 2212 Hidden Valley	y Ln	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Silver Spring	State Zip Code MD 20904-5240	Transaction ID: C1136758 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer AHCA	Occupation Director, Regulatory	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Jim Birchem		Date of Receipt
Mailing Address 920 4th Street, SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1132307
Little Falls	MN 56345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Eldercare of Minnesota	Occupation President/CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
SUBTOTAL of Receipts This Page (optional	al)	140.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 67 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Elizabeth Blankenship Mailing Address PO Box 1017 City	State AR	Zip Code	Date of Receipt 10 19 2010 Transaction ID: C1133229
	Heber Springs FEC ID number of contributing federal political committee.	C	72543	Amount of Each Receipt this Period 200.00
	Name of Employer Southridge Village Retire- ment Center Receipt For: Primary General Other (specify) ▼	Occupation Owner Aggregate	e Year-to-Date ▼ 1150.00	
3.	Full Name (Last, First, Middle Initial) Heath Boddy Mailing Address 15717 East Aspen Ro	pad		Date of Receipt 1 0 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: C1136420
	Adams FEC ID number of contributing	NE O	68301	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer Nebraska Health Care Asso- ciation	Occupation Executiv	on e Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
_	Full Name (Last, First, Middle Initial) Lane Bowen			Date of Receipt
	Mailing Address 680 South Fourth Str	eet		10 20 2010
	City	State	Zip Code	Transaction ID: C1131680
	Louisville FEC ID number of contributing federal political committee.	C	40202	Amount of Each Receipt this Period 100.00
	Name of Employer Kindred Healthcare	Occupation EVP & P	on President, Health Services Di	— vis
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1350.00	
	SUBTOTAL of Receipts This Page (optional)	l		400.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Α ο	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association P	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Greg H. Brown		Date of Receipt
•	Mailing Address 155 West Point Cour	t	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: C1133950
	Tonka Bay	MN 55331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Covenire Care, LLC	Occupation President & CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Douglas Burr		Date of Receipt
	Mailing Address 1185 Wilde Run Cou	10 28 2010	
	City	State Zip Code	Transaction ID: C1136445
	Roswell	GA 30075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Cypress Administrative Se- rvices, LLC	Occupation VP Finance	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2775.00	
	Full Name (Last, First, Middle Initial) Karen H. Chadderton		Date of Receipt
	Mailing Address 4 Wagon Road		10 20 2010
	City	State Zip Code	Transaction ID: C1131602
	Enfield	CT 06082-5639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Riverside Health Rehabili- tation	Occupation Administrator	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	560.00	
Г		1	500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Health Care Association P	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Gregory Chambery			Date of Receipt
Mailing Address 7 Sweets View Drive			10 28 2010
City	State	Zip Code	Transaction ID: C1136414
<u>Fairport</u>	NY	14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Maplewood Nursing Home	Occupatio Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1450.00]
Full Name (Last, First, Middle Initial) Donna Childress			Date of Receipt
Mailing Address 1401 West Capitol A	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y		
City	State	Zip Code	Transaction ID: C1133225
Little Rock	AR	72201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Arkansas Health Care Asso- ciation	Occupatio Executiv	n e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mark Stuart Clay			Date of Receipt
Mailing Address 86 Kimberly Drive			10 28 2010
City Columbus	State MS	Zip Code 39702-8360	Transaction ID: C1136412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Windsor Place Nursing & Rehab Center	Occupatio Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 265.00	
SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and State or for commercial purposes, other than using the report of NAME OF COMMITTEE (In Full) American Health Care Association Politics	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tom Coble Mailing Address 1908 12th Avenue NW Suite E		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ardmore FEC ID number of contributing federal political committee.	State Zip Code OK 73401	Transaction ID: C1132306 Amount of Each Receipt this Period 5000.00
Name of Employer Elmbrook Management Company Receipt For: Primary General Other (specify) ▼	Occupation President/CEO Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Cliff Coldren Mailing Address 1950 Cliffside Drive City State College FEC ID number of contributing federal political committee.	State Zip Code PA 16801-7662	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Brookline Village Receipt For: Primary General Other (specify)	Occupation Partner Aggregate Year-to-Date 450.00	
Full Name (Last, First, Middle Initial) William Council, III Mailing Address 1621 Galleria Boulevard	d	Date of Receipt 10 20 2010
City Brentwood FEC ID number of contributing federal political committee.	State Zip Code TN 37027	Transaction ID: C1132118 Amount of Each Receipt this Period 4000.00
Name of Employer Advocat Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)	······	9100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ory of the
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or use a name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Pe	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Vickie Cox, RN		Date of Receipt
	Mailing Address 1203 Walker Road		10 20 7 2010
	City	State Zip Code DE 19904	Transaction ID: C1130700
	Dover FEC ID number of contributing federal political committee.	DE 19904	Amount of Each Receipt this Period 100.00
	Name of Employer Heritage at Dover	Occupation Administrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	225.00
	Full Name (Last, First, Middle Initial) Greg Crist		Date of Receipt
	Mailing Address 5103 Gardner Drive	10 20 Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: C1130904
	Alexandria	VA 22304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer AHCA	Occupation Vice President, Public Aff	ffairs
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	700.00
_	Full Name (Last, First, Middle Initial) Greg Crist	I	Date of Receipt
	Mailing Address 5103 Gardner Drive		10 28 2010
	City	State Zip Code	Transaction ID: C1136433
	Alexandria FEC ID number of contributing federal political committee.	VA 22304	Amount of Each Receipt this Period 100.00
	Name of Employer AHCA	Occupation Vice President, Public Aff	ffairs
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	700.00
	SUBTOTAL of Receipts This Page (optional)	1	300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 67 (check only one) X 11a 11b 11c 12
A 's format's a second format and December 2		, ,	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the such as	the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Patti Cullen			Date of Receipt
Mailing Address 2104 Palace Ave			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: C1130967
St. Paul	MN	55105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Care Providers of Minneso- ta	Occupatio Presiden		
Receipt For:	 	e Year-to-Date ▼	
Primary General Other (specify) ▼		1400.00	
Full Name (Last, First, Middle Initial) Veronica Damesyn-Sharpe			Date of Receipt
Mailing Address 102 Oakford Avenue	9		10 20 2010
City	State	Zip Code	Transaction ID: C1132122
<u>Edgewater</u>	MD	21037-4913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer DCHCA Association	Occupatio Executive	n e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) David Dangerfield			Date of Receipt
Mailing Address 255 East 400 South			10 19 2010
City	State	Zip Code	Transaction ID: C1133949
Salt Lake City	UT	84111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Avalon Health Care, Inc.	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Lloo concrete cohertula(a)	FOR LINE NUMBER: PAGE 14/67			
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) for each category of the	(check only one)			
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 17			
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Health Care Association Poli	tical Action	Committee				
Full Name (Last, First, Middle Initial) Jason Delamarter			Date of Receipt			
Mailing Address 15304 NE 179th Cir			10 20 7 2010			
City	State	Zip Code	Transaction ID: C1131689			
Brush Prairie	WA	98606-7317	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Prestige Care	Occupation VP Busin	n ess Development				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Steven Delaney			Date of Receipt			
Mailing Address 13 Northtown Dr Ste 220			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: C1136617 Amount of Each Receipt this Period			
<u>Jackson</u>	MS	39211-3047				
FEC ID number of contributing federal political committee.	C		200.00			
Name of Employer Glen Oaks Nursing Center	Occupation Vice Pres					
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		700.00				
Full Name (Last, First, Middle Initial)						
Joseph DeMattos			Date of Receipt			
Mailing Address 7135 Minstrel Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: C1133224			
<u>Columbia</u>	MD	21046	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		175.00			
Name of Employer Health Facilities Associa- tion of Maryl	Occupation Executive					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00				
SUBTOTAL of Receipts This Page (optional)			875.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	ory of the	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or us the name and address of any politi		
American Health Care Association	Political Action Committee		
Full Name (Last, First, Middle Initial) Joseph DeMattos		Date of	Receipt
Mailing Address 7135 Minstrel Way		1 0	20 2010
City	State Zip Code	Transac	tion ID: C1130941
Columbia	MD 21046	Amount	of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Health Facilities Associa- tion of Maryl	Occupation Executive Director		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	875.00	
Full Name (Last, First, Middle Initial) Anthony Durante		Date of	Receipt
Mailing Address 26 North Broadway		M M 1 1	·
City	State Zip Code	Transac	tion ID: C1136849
Schenectady	NY 12305	Amount	of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		625.00
Name of Employer DMN Management Services	Occupation Executive		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2500.00	
Full Name (Last, First, Middle Initial) Teresa Eyet		Date of	Receipt
Mailing Address 10009 Dallas Ave		1 0	25 YYYYY 25 2010
City Takoma Park	State Zip Code MD 20901-2240		tion ID: C1136651 of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer AHCA	Occupation Director, Education		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	460.00	
SUBTOTAL of Receipts This Page (options	l)		745.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any persoring the name and address of any political committee to so	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Teresa Evet		Date of Receipt
Mailing Address 10009 Dallas Ave		10 29 2010
City	State Zip Code	Transaction ID: C1136759
Takoma Park	MD 20901-2240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer AHCA	Occupation Director, Education	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Toni Fatone		Date of Receipt
Mailing Address 100 Ferncliff Dr		10 20 2010
City	State Zip Code	Transaction ID: C1130944
West Hartfrd	CT 06117-1026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer TMF Consulting Services	Occupation Long Term Care Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Toni Fatone		Date of Receipt
Mailing Address 100 Ferncliff Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1136615
West Hartfrd	CT 06117-1026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer TMF Consulting Services	Occupation Long Term Care Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
SUBTOTAL of Receipts This Page (option	nal)	320.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
1	Any information copied from such Reports and State or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements magname and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Health Care Association Political	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Lowell Feldman			Date of Receipt
	Mailing Address 163 West Kingsbridge F	Road		10 28 2010
	City	State	Zip Code	Transaction ID: C1136417
	Bronx	NY	10463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Terrace Healthcare Center, Inc	Occupatio Administ		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
- В.	Full Name (Last, First, Middle Initial) Debra Finneran			Date of Receipt
	Mailing Address 711 Frankfort Road			10 20 YYYYY 2010
	City	State	Zip Code	Transaction ID: C1132119
	Shelbyville	KY	40065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Masonic Home of Shelbyvil- le	Occupatio Administ		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) Scott Fox			Date of Receipt
	Mailing Address 215 Pine Road			10 20 YYYYY 2010
	City <u>Sewickley</u>	State PA	Zip Code 15143	Transaction ID: C1130951 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer The Orchards at Foxcrest	Occupatio Executive	n e Director	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 837.50	
	SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Associatio	n Political Action Committee	
Full Name (Last, First, Middle Initial) Scott Fox		Date of Receipt
Mailing Address 215 Pine Road		10 20 2010
City <u>Sewickley</u>	State Zip Code PA 15143	Transaction ID: C1131599 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer The Orchards at Foxcrest	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 837.50	
Full Name (Last, First, Middle Initial) Scott Fox Mailing Address 215 Pine Road	l	Date of Receipt
		10 20 2010
City	State Zip Code	Transaction ID: C1132127
Sewickley FEC ID number of contributing federal political committee.	PA 15143	Amount of Each Receipt this Period 500.00
Name of Employer The Orchards at Foxcrest	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 837.50	
Full Name (Last, First, Middle Initial) Donald Franco		Date of Receipt
Mailing Address 5 O'Kill Drive		10 20 7 2010
City	State Zip Code	Transaction ID: C1131594
East Haven FEC ID number of contributing federal political committee.	CT 06513	Amount of Each Receipt this Period 100.00
Name of Employer Paragon Group Inc.	Occupation SNF Adminstrator/Owner/President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
SUBTOTAL of Receipts This Page (optio	nal)	700.00
	mber only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association P			
Full Name (Last, First, Middle Initial) Tim Graves			Date of Receipt
Mailing Address 4214 Medical Parkwa Suite 300	ay		10 28 2010
City	State	Zip Code	Transaction ID: C1136426
Austin	TX	78756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Texas Health Care Associa-	Occupatio Presiden		7
tion Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	35.134.6	650.00	
Full Name (Last, First, Middle Initial) Mike Greenberg	1		Date of Receipt
Mailing Address 633 Route 28			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1136438
Raritan	NJ	08869	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Raritan Health & Extended Care	Occupatio Administ		7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Vicki Groff			Date of Receipt
Mailing Address 11337 Louisiana Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1130698
Bloomington	MN	55438-2827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer N/A	Occupatio Homema		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 811.25	
SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association	Folitical Action Committee	
Full Name (Last, First, Middle Initial) Vicki Groff		Date of Receipt
Mailing Address 11337 Louisiana Ci	r	10 20 2010
City	State Zip Code	Transaction ID: C1130699
Bloomington	MN 55438-2827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer N/A	Occupation Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	811.25	
Full Name (Last, First, Middle Initial) Reita Hall	1	Date of Receipt
Mailing Address PO Box 3667		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1136573
Tupelo	MS 38803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Community Eldercare Servi- ces	Occupation VP, Clinical Services	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Greg Hanson		Date of Receipt
Mailing Address 2900 14th Ave Sou	th	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1136612
Grand Forks	ND 58201-4042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Valley Memorial Homes	Occupation Administrator	7
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 299.00	
SUBTOTAL of Receipts This Page (optional	J)	300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 67 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	
Full Name (Last, First, Middle Initial) Bill Hartung Mailing Address 1210 Massachusett #407 City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20005	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date 230.00	
Full Name (Last, First, Middle Initial) Bill Hartung Mailing Address 1210 Massachusett #407	rs Avenue, NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1136761
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer American Health Care Asso-	Occupation	
<u>ciation</u>	Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	230.00	
Full Name (Last, First, Middle Initial) David Hebert	1	Date of Receipt
Mailing Address 7605 Ridgecrest Dr	ive	10 25 2010
City	State Zip Code	Transaction ID: C1136574
<u>Alexandria</u>	VA 22308-1049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AHCA	Occupation Senior Vice President of Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 984.59	
SUBTOTAL of Receipts This Page (optional	· 1)	120.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commer NAME OF	n copied from such Reports and Sicial purposes, other than using the COMMITTEE (In Full) Health Care Association Pol	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. David Hebe Mailing Add City Alexandri FEC ID nu	a mber of contributing tical committee.	State VA C	Zip Code 22308-1049	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt Fo	r: ary General r (specify) ▼	- '	ice President of Advocacy Year-to-Date ▼ 984.59	
Full Name David Hebe Mailing Add City		State	Zip Code	Date of Receipt M M
federal poli Name of E	mber of contributing tical committee.	VA C	22308-1049	Amount of Each Receipt this Period 38.47
Receipt Fo	r:		ice President of Advocacy • Year-to-Date ▼ 984.59	
Full Name J David Hig Mailing Add		Dr		Date of Receipt 10 19 2010
	en mber of contributing tical committee.	State AR	Zip Code 72956-8120	Transaction ID: C1132311 Amount of Each Receipt this Period 100.00
Name of E Hopes Cre ving Receipt Fo	mployer ek Retirement Li- r:	Occupatio Presiden Aggregate		1
SUBTOTAL	of Receipts This Page (optional)			176.94

A. Full Name of Western Receipt Receipt Full Name of Western Retern Full Name of Western City	nercial purposes, other than using the COMMITTEE (In Full) an Health Care Association Pole (Last, First, Middle Initial)	Statements may not be sold or used by any perse name and address of any political committee to blitical Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee. Date of Receipt
Full Nam Delta Hol Mailing A City Boise FEC ID I federal p Name of Western Receipt I Ott Full Nam Stefanie I Mailing A	an Health Care Association Pone (Last, First, Middle Initial)	olitical Action Committee	Date of Receipt
A. Delta Hol Mailing A City Boise FEC ID I federal p Name of Western Receipt Pri Ott Full Nam Stefanie Mailing A	lloway		Date of Receipt
City Boise FEC ID I federal p Name of Western Receipt Pri Ott Full Nam Stefanie Mailing A	1475 N Cole na		M M / D D / Y Y Y Y
Boise FEC ID I federal p Name of Western Receipt Pri Ott Full Nam Stefanie Mailing A		State Zip Code	10 20 2010
FEC ID I federal p Name of Western Receipt Pri Ott		ID 83704-8537	Transaction ID: C1131575 Amount of Each Receipt this Period
Full Nam Stefanie Mailing A	number of contributing olitical committee.	C	100.00
Full Nam Stefanie Mailing A	Employer Health Care Corp.	Occupation Consultant RN	
Stefanie Mailing A	For: imary General her (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
City		1	Date of Receipt
•	Address 7 Fox Trot Court		10 27 2010
		State Zip Code	Transaction ID: C1136582
<u>Haught</u>		LA 71037	Amount of Each Receipt this Period
federal p	number of contributing olitical committee.	C	111.50
Name of Nexion H	Employer Health	Occupation Administrator	
Receipt		Aggregate Year-to-Date ▼	
	mary	422.50	
Jeffrey N	*		Date of Receipt
Mailing A	Address 701 N. 39th Avenue		10 20 2010
City		State Zip Code	Transaction ID: C1130938
	number of contributing olitical committee.	WA 98902	Amount of Each Receipt this Period 300.00
Name of Hyatt Fa	Employer mily Facilities	Occupation SNF AL Owner Operator	
SUBTOTA		Aggregate Year-to-Date ▼ 800.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	Political Action Committee	
Douglas Johnson Mailing Address 1501 42nd Street		Date of Receipt
		10 20 2010
City West Des Moines	State Zip Code IA 50266-1005	Transaction ID: C1131697
FEC ID number of contributing federal political committee.	IA 50266-1005	Amount of Each Receipt this Period 100.00
Name of Employer Hawkeye Care Centers, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	
Full Name (Last, First, Middle Initial) Richard Kase	I	Date of Receipt
Mailing Address 5125 Pine Rocklan	ds Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lithia	State Zip Code FL 33547	Transaction ID: C1136541
FEC ID number of contributing federal political committee.	FL 33547	Amount of Each Receipt this Period 100.00
Name of Employer Cypress Healthcare	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1099.99	
Full Name (Last, First, Middle Initial) Gary Kelso	I	Date of Receipt
Mailing Address 10331 E Highway 3	39	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1130910
Huntsville	UT 84317-9670	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Mission Health Services	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional	al)	300.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Reports	s and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Health Care Association			o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cheryl Killian Mailing Address 3801 Woodside	Dr		Date of Receipt
City	State	Zip Code	10 25 2010
City Arlington	TX	76016-3030	Transaction ID: C1136458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	25.00
Name of Employer Legacy Care Centers Inc.	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Bradford Klitsch			Date of Receipt
Mailing Address 222 W. Aster La	ne		10 20 7 9 9 9
City	State	Zip Code	Transaction ID: C1130878
Mequon FEC ID number of contributing federal political committee.	C	53092	Amount of Each Receipt this Period 100.00
Name of Employer Direct Supply	Occupation VP Market	ina	
Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼	
Full Name (Last, First, Middle Initial) Bradford Klitsch			Date of Receipt
Mailing Address 222 W. Aster La	ne		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Mequon</u>	State WI	Zip Code 53092	Transaction ID: C1136435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Direct Supply	Occupation VP Market	ing	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (opti	onal)		225.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 67 (check only one) X
Any information copied or for commercial purp	from such Reports and States oses, other than using the i	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMI American Health	TTEE (In Full) Care Association Poli	tical Action	Committee	
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
	905 West Pierce Stree	et		10 20 2010
City		State	Zip Code	Transaction ID: C1136508
Carlsbad		NM	88220-4025	Amount of Each Receipt this Period
FEC ID number of federal political con		С		300.00
Name of Employer Lakeview Christian	Home	Occupation Administ		
of the Southwe Receipt For:	İ		Year-to-Date ▼	\dashv
Primary Other (specif	General /) ▼	riggrogato	400.00	
Full Name (Last, Fi Jody Knox	rst, Middle Initial)			Date of Receipt
Mailing Address	1905 West Pierce Stree	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1136626
<u>Carlsbad</u>		NM	88220-4025	Amount of Each Receipt this Period
FEC ID number of federal political con		C		100.00
Name of Employer Lakeview Christian of the Southwe	Home	Occupation Administ		7
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (specif	General		400.00]
Full Name (Last, Fi	rst, Middle Initial)			Date of Receipt
Mailing Address	1621 28th Road South			10 25 2010
City		State	Zip Code	Transaction ID: C1136660
Arlington		VA	22206	Amount of Each Receipt this Period
FEC ID number of federal political con		C		39.56
Name of Employer National Center for ted Living	Assis-	Occupation Executive		
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (specif	General /) ▼		909.88	
	ots This Page (optional)			439.56

	SCHEDULE A (FEC Form 3X)		e schedule(s) FOR LINE NUMBER: PAGE 2 (check only one)	7 / 67
ľ	TEMIZED RECEIPTS	for each cate Detailed Sun	V 44 - 144 - 144 - 1	12 16 17
,	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or uname and address of any polit	used by any person for the purpose of soliciting contributical committee to solicit contributions from such commit	tions
_	NAME OF COMMITTEE (In Full)			
	American Health Care Association Pol	tical Action Committee		
۷.	Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt	
	Mailing Address 4621 28th Road South		0 1 0	
	City	State Zip Code	Transaction ID: C1136764	
	Arlington	VA 22206	Amount of Each Receipt this Pe	eriod
	FEC ID number of contributing federal political committee.	C	3	9.56
	Name of Employer National Center for Assisted Living	Occupation Executive Director		
	Receipt For:	Aggregate Year-to-Date	7	
	Primary General Other (specify) ▼		909.88	
_	Full Name (Last, First, Middle Initial) David LaLumia		Date of Receipt	
	Mailing Address 12761 South Wacousta		0 1 0	
	City	State Zip Code	Transaction ID: C1136621	
	<u>Eagle</u>	MI 48822	Amount of Each Receipt this Pe	eriod
	FEC ID number of contributing federal political committee.	C	10	0.00
	Name of Employer Health Care Association of Michigan	Occupation President		
	Receipt For:	Aggregate Year-to-Date	7	
	Primary General Other (specify) ▼		1100.00	
_	Full Name (Last, First, Middle Initial) Larry Lane		Date of Receipt	
-	Mailing Address 1616 Stephens Dr		M M / D D / Y Y	0 1 0
	City Wayne	State Zip Code PA 19087-102	Transaction ID: C1136505 Amount of Each Receipt this Pe	eriod
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer Genesis	Occupation Sr VP, Regulatory Affa	airs	
	Receipt For:	Aggregate Year-to-Date		
	Primary General Other (specify) ▼		1600.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 67 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any pot the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Langevin, Jr. Mailing Address 4 AAA Drive Suite 203		Date of Receipt 10 20 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Hamilton FEC ID number of contributing federal political committee.	State Zip Code NJ 08691	Transaction ID: C1132121 Amount of Each Receipt this Period 850.00
Name of Employer Health Care Association of New Jersey Receipt For: Primary General Other (specify) ▼	Occupation State Executive Aggregate Year-to-Date 850.00	
Full Name (Last, First, Middle Initial) Paul Liistro Mailing Address 1 Meadow Brook Co	ourt	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1130933
Westport	CT 06880	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Arbors of Hop Brook, LTD	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) Paul Liistro	Date of Receipt	
Mailing Address 1 Meadow Brook Co	10 28 2010	
City	State Zip Code	Transaction ID: C1136434
Westport FEC ID number of contributing federal political committee.	CT 06880	Amount of Each Receipt this Period
Name of Employer Arbors of Hop Brook, LTD	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
SUBTOTAL of Receipts This Page (options	J)	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the uiled Summary Page	FOR LINE NUMBER: PAGE 29 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be the name and address of	sold or used by any perso any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial) Kelli Likes			Date of Receipt
Mailing Address 580 E. Hospital Dr.			10 20 2010
City	State Zip	Code	Transaction ID: C1131587
Cortez	CO 81	321-2218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Vista Grande Inn	Occupation Administrator		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	D-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Ruby Jo Lubarsky			Date of Receipt
Mailing Address 9403 Mill Brook Roa	M M / D D / Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
City	State Zip	Code	Transaction ID: C1136563
<u>Louisville</u>	KY 40	223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Kentucky Association of Health Care Fa	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	1200.00	
Full Name (Last, First, Middle Initial) Samuel Mahfouz			Date of Receipt
Mailing Address National Pharmacy 1301 Wimbledon Boulevard			10 25 7 2010
City	·	Code	Transaction ID: C1136639
Alexandria	<u>LA</u> 71	303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Information Requested	Occupation Information Rec	quested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	D-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)	.	300.00

SoftEbole A (EC) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page X 11a	ontributions committee.
ITEMIZED RECEIPTS for each category of the Detailed Summary Page X 11a 11b 11c 13 14 15 15 13 14 15 15 15 15 15 15 15	contributions committee.
A. Tall 11b 11c 11c 11d 11b 11c 11d 11b 11c 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	contributions committee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting c or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Tod Mahoney Mailing Address 1019 Brook Arbor Dr City State Zip Code Transaction ID: C1130: Amount of Each Receipt FEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Administrator Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Transaction ID: C1136: Transaction ID: C1136: Transaction ID: C1136:	contributions committee. Y Y Y Y Y Y Y Y 2 0 1 0 864 this Period
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Tod Mahoney Mailing Address 1019 Brook Arbor Dr City State Zip Code Transaction ID: C1130: Amount of Each Receipt PEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Transaction ID: C1136: Transaction ID: C1136: Transaction ID: C1136: Transaction ID: C1136:	committee. Y Y Y Y Y Y Y 2 0 1 0 864 this Period
A. Full Name (Last, First, Middle Initial) Tod Mahoney Mailing Address 1019 Brook Arbor Dr City State Zip Code Mansfield TX 76063-5445 FEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Transaction ID: C1130: Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: C1130: Transaction ID: C1130: Date of Receipt Date of Receipt Transaction ID: C1136: Transaction ID: C1136: Transaction ID: C1136: Date of Receipt Transaction ID: C1136:	2 0 1 0 864 this Period
A. Full Name (Last, First, Middle Initial) Tod Mahoney Mailing Address 1019 Brook Arbor Dr City State Zip Code Mansfield TX 76063-5445 FEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Transaction ID: C1130: Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: C1130: Transaction ID: C1130: Date of Receipt Date of Receipt Transaction ID: C1136: Transaction ID: C1136: Transaction ID: C1136: Date of Receipt Transaction ID: C1136:	2 0 1 0 864 this Period
A. Tod Mahoney Mailing Address 1019 Brook Arbor Dr City State Zip Code Transaction ID: C1130: Mansfield TX 76063-5445 FEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Date of Receipt Transaction ID: C1130: Amount of Each Receipt Amount of Each Receipt Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: C1130: Transaction ID: C1130: Transaction ID: C1130: Transaction ID: C1130: Transaction ID: C1136: Transaction ID: C1136:	2 0 1 0 864 this Period
Mailing Address 1019 Brook Arbor Dr City State Zip Code Transaction ID: C1130: Mansfield TX 76063-5445 FEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Transaction ID: C1130: Amount of Each Receipt Transaction ID: C1130: Transaction ID: C1130: Transaction ID: C1130: Transaction ID: C1130: Amount of Each Receipt Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: C1136:	2 0 1 0 864 this Period
City Mansfield TX 76063-5445 Amount of Each Receipt FEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Receipt For: Primary Other (specify) Patrick Martone Mailing Address Address Address Address Address Agregate Year-to-Date Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address City State Zip Code Transaction ID: C1130: Transaction ID: C1130: Transaction ID: C1130: Transaction ID: C1130: Tansaction ID: C1130: Amount of Each Receipt Administrator Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address City State Zip Code Transaction ID: C1136:	864 this Period
Mansfield FEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Amount of Each Receipt Date of Receipt Transaction ID: C1136	this Period
FEC ID number of contributing federal political committee. Name of Employer Cross Timbers Rehab Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date B. Patrick Martone Mailing Address 26 North Broadway City State Zip Code Transaction ID: C1136	1 1 1
Receipt For:	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Primary General 600.00 Date of Receipt Transaction ID: C1136	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Martone Mailing Address 26 North Broadway City State Zip Code Transaction ID: C1136	
B. Patrick Martone Mailing Address 26 North Broadway City State Zip Code Date of Receipt M M M / D D D / D D D D D D D D D D D D	
City State Zip Code Transaction ID: C1136	
Transaction 127 - 174	2010
Schenectady NY 12305-1932 Amount of Each Receipt	850
Timodile of Eddit Hoodipe	this Period
FEC ID number of contributing federal political committee.	625.00
Name of Employer Hallmark Nursing Centre Inc. Occupation Administrator and CEO	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 2500.00	
Full Name (Last, First, Middle Initial) C. Christian Mason Date of Receipt	
	2010
City State Zip Code Transaction ID: C11309	930
Woodburn OR 97071 Amount of Each Receipt	this Period
FEC ID number of contributing federal political committee.	100.00
Name of Employer Senior Housing Managemnet LLC Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional)	825.00

"	EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Ai	ny information copied from such Reports and for commercial purposes, other than using t	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association F	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Christian Mason			Date of Receipt
	Mailing Address 15467 Union School	Road		10 20 7 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1130931
	Woodburn	OR	97071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Senior Housing Managemnet LLC	Occupatio Presiden		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	7 iggi ogale	650.00	
	Full Name (Last, First, Middle Initial) Karen McCormack			Date of Receipt
	Mailing Address 455 Reynolds Mill Ro	10 20 / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: C1131597
	<u>York</u>	PA	17403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wilmac Corp	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3050.00	
_	Full Name (Last, First, Middle Initial) Karen McCormack			Date of Receipt
	Mailing Address 455 Reynolds Mill Ro	10 28 2010		
	City	State	Zip Code	Transaction ID: C1136416
	York	PA	17403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Wilmac Corp	Occupatio Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3050.00	
	SUBTOTAL of Receipts This Page (optional)			300.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
A	y information copied from such Reports an for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committe	nerson for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Committee	
<u>/_</u>	Full Name (Last, First, Middle Initial) Richard Mendlen		Date of Receipt
	Mailing Address 2151 Calle Poco		10 19 2010
	City	State Zip Code	Transaction ID: C1132313
	San Diego	CA 92019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Kennon S. Shea & Associates	Occupation COO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
	Full Name (Last, First, Middle Initial) Arlene Miles		Date of Receipt
	Mailing Address 6061 South Brook \	10 28 2010	
	City	State Zip Code	Transaction ID: C1136441
	Centennial	CO 80121-3103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Colorado Health Care Asso- ciation	Occupation State Exceutive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
_	Full Name (Last, First, Middle Initial) Julie Mitchell		Date of Receipt
	Mailing Address 618 Crescent Blvd,	1 0 1 9 2 0 1 0	
	City	State Zip Code	Transaction ID: C1132492
	Ridgeland	MS 39157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Mitchell Day Health Law Firm	Occupation Attorney	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.00	
)	300.00

SCHEDULE A (FEC Form 3X)

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAM	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) perican Health Care Association Poli			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Van Mail City Sal FECTOR	Dem C ID number of contributing eral political committee. The of Employer stoare Management, Inc.		ice President	Date of Receipt M M M / D D / Y Y Y Y Y 1 0
Full	eipt For: Primary General Other (specify) Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 600.00	
Mail City Bet	thia Klisz Morton ling Address 4609 Overbrook Road thesda DID number of contributing eral political committee. The of Employer SL	State MD C	Zip Code 20816	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 28 2010 Transaction ID: C1136447 Amount of Each Receipt this Period 100.00
	eipt For: Primary General Other (specify) ▼	EVP Aggregate	Year-to-Date ▼ 1290.66]
Stev Mail City Boo	Name (Last, First, Middle Initial) ve Mulder ling Address 7300 Del Pardo Street ca Raton C ID number of contributing eral political committee.	State FL	Zip Code 33433	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan Wh	ne of Employer itehall Boca seipt For: Primary Other (specify)	Occupation Owner Aggregate	n • Year-to-Date ▼ 1200.00	
SUBT	OTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 34 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	ng the name and address of any political committee to no Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis Murray Mailing Address 232 W Rockwell A	Ave	Date of Receipt
City	State Zip Code	1 0 2 5 2 0 1 0 Transaction ID: C1136614
Soldotna	AK 99669-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Heritage Place	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Rocky Nelson		Date of Receipt
Mailing Address 28220 Cedar Crk		10 20 7 2010
City Platte	State Zip Code SD 57369-6436	Transaction ID: C1136506
FEC ID number of contributing federal political committee.	SD 57369-6436	Amount of Each Receipt this Period 274.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 274.00	
Full Name (Last, First, Middle Initial) Michael A Newton		Date of Receipt
Mailing Address 6937 Warfield Av		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Sykesville</u>	State Zip Code MD 21784	Transaction ID: C1132493 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Nexion Health	Occupation Director of Human Resources	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optio	nal)	624.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association P	Political Action Committee	
Full Name (Last, First, Middle Initial) Michael A Newton		Date of Receipt
Mailing Address 6937 Warfield Avenu City	State Zip Code	1 0 2 8 2 0 1 0 Transaction ID: C1136419
Sykesville	MD 21784	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Nexion Health	Occupation Director of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis Di	,	Date of Receipt
Mailing Address 4005 Neille Gustis Di		10 25 2010
City	State Zip Code	Transaction ID: C1136645
<u>Arlington</u>	VA 22207-5107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer AHCA	Occupation Sr. Director of Congressional Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly		Date of Receipt
Mailing Address 4005 Nellie Custis Dr	r	10 25 2010
City	State Zip Code	Transaction ID: C1136662
Arlington FEC ID number of contributing federal political committee.	VA 22207-5107	Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Sr. Director of Congressional Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional)		220.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36/6/ (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly			Date of Receipt
Mailing Address 4005 Nellie Custis	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Arlington	State VA	Zip Code 22207-5107	Transaction ID: C1136765
FEC ID number of contributing federal political committee.	C	22207-3107	Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupation Sr. Direct	n tor of Congressional Affairs	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Mary Ousley Mailing Address 101 Bittersweet Dr	Date of Receipt 10 20 2010		
City	State	Zip Code	Transaction ID: C1136503
Richmond	KY	40475-8639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PMD Corp	Occupation Consulta		
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 2100.00	
Full Name (Last, First, Middle Initial) Julie Painter			Date of Receipt
Mailing Address 3614 Connecticut Apt 22	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Washington	State DC	Zip Code 20008-2436	Transaction ID: C1136664 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000 E-100	11.54
Name of Employer AHCA	Occupation Senior D	n irector of Constituency Affair	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 265.38	
SUBTOTAL of Receipts This Page (option	al)		1031.54

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Pc	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Painter Mailing Address 3614 Connecticut Ave Apt 22 City Washington FEC ID number of contributing federal political committee. Name of Employer AHCA Receipt For: Primary General Other (specify)	State DC C Occupatio Senior D	Zip Code 20008-2436 n irector of Constituency Affai e Year-to-Date ▼ 265.38	Date of Receipt M M M / 29 / 2010 Transaction ID: C1136766 Amount of Each Receipt this Period 11.54
Full Name (Last, First, Middle Initial) Lassie Pappas Mailing Address 6937 Warfield Avenue City Sykesville FEC ID number of contributing federal political committee. Name of Employer Nexion Health, Inc. Receipt For: Primary General Other (specify)	State MD C Occupation Director	Zip Code 21784 n of Finance e Year-to-Date ▼ 210.00	Date of Receipt M M / 20 / 2010 Transaction ID: C1130734 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Mark Parkinson Mailing Address 10590 S Glenview Ln City Olathe FEC ID number of contributing federal political committee. Name of Employer State of Kansas Receipt For: Primary General Other (specify)	State KS C Occupation Governor Aggregate		Date of Receipt M M Z B Z D 1 0 Transaction ID: C1136398 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) .			1111.54

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38/67 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Shelly Peterson			Date of Receipt
Mailing Address 6420 Fox Meadow	Dr		M M / D D / Y Y Y Y Y Y 1 Y 1 1 0 2 5 2 0 1 0
City Bismarck	State ND	Zip Code 58503	Transaction ID: C1136631
FEC ID number of contributing federal political committee.	C	36303	Amount of Each Receipt this Period 200.00
Name of Employer North Dakota LTC Association	Occupation Presiden		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gail Rader			Date of Receipt
Mailing Address 1503 South Main S	treet		10 20 20 2010
City	State	Zip Code	Transaction ID: C1130685
Phillipsburg FEC ID number of contributing federal political committee.	NJ C	08865	Amount of Each Receipt this Period 200.00
Name of Employer Care Perspectives Inc.	Occupation President		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 5200.00	
Full Name (Last, First, Middle Initial) Richard Rau			Date of Receipt
Mailing Address 3876 S. Oakbrook	Dr.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greenfield	State WI	Zip Code	Transaction ID: C1130697
FEC ID number of contributing federal political committee.	C	53228-2140	Amount of Each Receipt this Period 200.00
Name of Employer Clement Manor Inc.	Occupation CEO	n	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39/67 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Richard Rau			Date of Receipt
Mailing Address 3876 S. Oakbrook	Dr.		10 20 2010
City Greenfield	State WI	Zip Code 53228-2140	Transaction ID: C1131562 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		137.50
Name of Employer Clement Manor Inc.	Occupation CEO	1	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Stephen Reissman			Date of Receipt
Mailing Address 5120 W Goldleaf C Suite 400	ircle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State CA	Zip Code	Transaction ID: C1131545
Los Angeles FEC ID number of contributing federal political committee.	C	90056-1297	Amount of Each Receipt this Period 3750.00
Name of Employer Country Villa Health Serv-	Occupation President		
ices Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial) Bruce Rodgers			Date of Receipt
Mailing Address 4721 Providence R	d.		10 19 2010
City Pine Bluff	State AR	Zip Code 71603	Transaction ID: C1132308
FEC ID number of contributing federal political committee.	C	71003	Amount of Each Receipt this Period
Name of Employer Peachtree Mena	Occupation owner	١	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify)	0 0	720.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Bruce Rodgers Mailing Address 4721 Providence Rd.			Date of Receipt
		Otala	7's Oads	10 20 2010
	City Pine Bluff	State AR	Zip Code 71603	Transaction ID: C1136507 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Peachtree Mena	Occupatio owner	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 720.00	
— В.	Full Name (Last, First, Middle Initial) Robert Rotolo			Date of Receipt
	Mailing Address 529 Pear Orchard Suite C			10 20 7 2010
	City Ridgeland	State MS	Zip Code 39157	Transaction ID: C1136502
	FEC ID number of contributing federal political committee.	C	35137	Amount of Each Receipt this Period 2000.00
	Name of Employer Harahan Guest House	Occupatio Owner	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3100.00	
_ C.	Full Name (Last, First, Middle Initial) Robert Rotolo	l		Date of Receipt
	Mailing Address 529 Pear Orchard Suite C			10 25 2010
	City <u>Ridgeland</u>	State MS	Zip Code 39157	Transaction ID: C1136648
	FEC ID number of contributing federal political committee.	C	39137	Amount of Each Receipt this Period 1000.00
	Name of Employer Harahan Guest House	Occupatio Owner	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3100.00	
	SUBTOTAL of Receipts This Page (optional)			3500.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41/67 (check only one) X 11a
Any information copied from such Repor or for commercial purposes, other than ι	ts and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associat	ion Political Action	Committee	
Full Name (Last, First, Middle Initial) Shelley Sabo			Date of Receipt
Mailing Address 6360 Tisbury D PAYROLL DED			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1136669
Burke FEC ID number of contributing federal political committee.	C	22015-4061	Amount of Each Receipt this Period 10.00
Name of Employer NCAL	Occupation Director	n Assisted Living	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Shelley Sabo			Date of Receipt
Mailing Address 6360 Tisbury D PAYROLL DED			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burke	State VA	Zip Code	Transaction ID: C1136769
FEC ID number of contributing federal political committee.	C	22015-4061	Amount of Each Receipt this Period 10.00
Name of Employer NCAL	Occupation Director	n Assisted Living	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Cathy Schmidt			Date of Receipt
Mailing Address 2500 Valley Vie	w Heights		10 25 2010
City Bismarck	State ND	Zip Code 58501	Transaction ID: C1136634 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30301	200.00
Name of Employer Valley View Heights	Occupation Director	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 228.00	
SUBTOTAL of Receipts This Page (op	tional)		220.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42/67 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Mark Schryver			Date of Receipt
Mailing Address 12075 E 45th Ave Ste 600			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Denver	State CO	Zip Code 80239-3136	Transaction ID: C1133226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00239-3130	300.00
Name of Employer Schryver Medical	Occupatio Owner	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mark Schryver	I		Date of Receipt
Mailing Address 12075 E 45th Ave Ste 600			10 25 7 2010
City Denver	State CO	Zip Code 80239-3136	Transaction ID: C1136531 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00200 0100	100.00
Name of Employer Schryver Medical	Occupatio Owner	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Linda Sechovec	<u> </u>		Date of Receipt
Mailing Address New Mexico Health 2329 Wisconsin Sti		on	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Albuguergue</u>	State NM	Zip Code 87110	Transaction ID: C1133220
FEC ID number of contributing federal political committee.	C	3/110	Amount of Each Receipt this Period
Name of Employer New Mexico Health Care As- sociation		e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
	ı		500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Linda Sechovec			Date of Receipt
	Mailing Address New Mexico Health Co 2329 Wisconsin Stree		ion	10 25 7 2010
	City	State NM	Zip Code	Transaction ID: C1136641
	Albuquerque FEC ID number of contributing federal political committee.	C	87110	Amount of Each Receipt this Period 100.00
	Name of Employer New Mexico Health Care Association Receipt For: Primary General Other (specify) ▼	, '	e Director e Year-to-Date ▼ 700.00	1
В.	Full Name (Last, First, Middle Initial) Barbara Shepard Mailing Address 210 Jolie Way			Date of Receipt
	City	State	Zip Code	10 19 2010
	Mena	AR	71953	Transaction ID: C1132315 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer N/A	Occupation Homema		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 751.00	
с.	Full Name (Last, First, Middle Initial) Barbara Shepard			Date of Receipt
	Mailing Address 210 Jolie Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1136515
	Mena FEC ID number of contributing federal political committee.	AR C	71953	Amount of Each Receipt this Period 250.00
	Name of Employer N/A	Occupation		
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 751.00	
	SUBTOTAL of Receipts This Page (optional) .	1		450.00
	TOTAL This Period (last page this line number	r only)	·	

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Barbara Shepard			Date of Receipt
	Mailing Address 210 Jolie Way City	State	Zip Code	1 0 2 5 2 0 1 0 Transaction ID: C1136624
	Mena	AR	71953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer N/A	Occupation Homemal		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 751.00	
 3.	Full Name (Last, First, Middle Initial) Laurie Shepard Mailing Address - 6420 Farlington Lane			Date of Receipt
	Mailing Address 6429 Earlington Lane			10 28 2010
	City	State	Zip Code	Transaction ID: C1136421
	Lansing FEC ID number of contributing federal political committee.	C	48917	Amount of Each Receipt this Period 100.00
	Name of Employer Ingham Regional Assisted Living	Occupation Managing		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 201.00	
_	Full Name (Last, First, Middle Initial) Michael Shepard			Date of Receipt
	Mailing Address PO Box 125			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1136516
	<u>Mena</u>	AR	71953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Shepard Group	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional) .		\	1400.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association P	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jennifer Shimer Mailing Address 9507 Shelly Krasnow City Fairfax FEC ID number of contributing federal political committee.	V Ln State VA	Zip Code 22031-4720	Date of Receipt 10 25 2010 Transaction ID: C1136671 Amount of Each Receipt this Period 11.54
Name of Employer AHCA Receipt For: Primary General Other (specify) ▼	Occupation COO Aggregate	e Year-to-Date ▼ 265.38	
Full Name (Last, First, Middle Initial) Jennifer Shimer Mailing Address 9507 Shelly Krasnow	/ Ln		Date of Receipt 1 0 2 9 2 0 1 0
City	State	Zip Code	Transaction ID: C1136770
Fairfax FEC ID number of contributing federal political committee.	C	22031-4720	Amount of Each Receipt this Period 11.54
Name of Employer AHCA Receipt For:	Occupation COO	n e Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate	265.38	
Full Name (Last, First, Middle Initial) Carole Smith			Date of Receipt
Mailing Address 6487 Amarillo Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1136517
Boca Raton	FL	33433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Whitehall Boca Raton		of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 211.00	
SUBTOTAL of Receipts This Page (optional)			123.08

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 67 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association P	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
	Mailing Address 2405 St NW	01-1-	7'- 0-1-	10 25 2010
	City Washington	State DC	Zip Code 20037-2206	Transaction ID: C1136672 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20007 2200	19.24
	Name of Employer American Health Care Asso- ciation	Occupation Director	n of Grassroots	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 442.28	
- 3.	Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
	Mailing Address 2405 I St NW			10 29 2010
	City	State	Zip Code	Transaction ID: C1136771
	Washington	DC	20037-2206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.24
	Name of Employer American Health Care Asso- ciation	Occupation Director	ⁿ of Grassroots	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 442.28	
_	Full Name (Last, First, Middle Initial) J. Craig Souza			Date of Receipt
	Mailing Address 5109 Bur Oak Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1133223
	Raleigh	NC	27612-3101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer North Carolina Health Care Facilities	- 	e Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
	SUBTOTAL of Receipts This Page (optional)			138.48

Π	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 67 (check only one) X
0	any information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association P	olitical Action	Committee	
۹.	Full Name (Last, First, Middle Initial) Don Sowell			Date of Receipt
	Mailing Address 5902 Ancient Oaks D			10 20 2010
	City Humble	State TX	Zip Code 77346	Transaction ID: C1130949 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,010	100.00
	Name of Employer Nexion Health	Occupation Regional		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
 3.	Full Name (Last, First, Middle Initial) Don Sowell			Date of Receipt
	Mailing Address 5902 Ancient Oaks D)r		10 28 2010
	City	State	Zip Code	Transaction ID: C1136431
	Humble FEC ID number of contributing federal political committee.	C	77346	Amount of Each Receipt this Period
	Name of Employer Nexion Health	Occupation Regional		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
	Full Name (Last, First, Middle Initial) Jeffrey Steggerda			Date of Receipt
	Mailing Address 6750 Westown Pkwy	,		10 20 2010
	City West Des Moines	State IA	Zip Code 50266-7726	Transaction ID: C1130905
	FEC ID number of contributing federal political committee.	C	30200-1720	Amount of Each Receipt this Period 200.00
	Name of Employer Iowa Health Care Associat- ion	Occupation Director	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Police		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Steggerda Mailing Address 6750 Westown Pkwy City West Des Moines FEC ID number of contributing federal political committee. Name of Employer lowa Health Care Association Receipt For:	State Zip Code IA 50266-7726 C Occupation Director Aggregate Year-to-Date ▼	Date of Receipt M M Z 8 Z 0 1 0 Transaction ID: C1136432 Amount of Each Receipt this Period 100.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Martin Stott Mailing Address PO Box 945	550.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Clinton FEC ID number of contributing federal political committee. Name of Employer Diversified Health Care Receipt For: Primary General Other (specify)	State Zip Code LA 70722-0945 C Occupation Vice President Aggregate Year-to-Date 1100.00	Transaction ID: C1145406 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Muoi Tran Mailing Address 204 W Nash St City Terrell FEC ID number of contributing federal political committee.	State Zip Code TX 75160-2607 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Terrell Healthcare Center Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 600.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 67 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
American Health Care Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Peter Van Runkle		Date of Receipt
Mailing Address 7460 Tottenham Pl	State Zip Code	10 28 2010
New Albany	OH 43054-9443	Transaction ID: C1136439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Ohio Health Care Associat- ion	Occupation Executive Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Jack Vetter		Date of Receipt
Mailing Address 20220 Harney Stre	et	10 22 7 2010
City	State Zip Code	Transaction ID: C1136457
Elkhorn FEC ID number of contributing federal political committee.	NE 68022	Amount of Each Receipt this Period 1250.00
Name of Employer Vetter Health Services	Occupation President	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Yrene Waldron		Date of Receipt
Mailing Address 726 Loveville Road	l	M M / D D / Y Y Y Y Y Y 1 1 0 2 8 2 0 1 0
City	State Zip Code	Transaction ID: C1136440
<u>Hockessin</u>	DE 19707-1536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Delaware Health Care Faci- lities Associ	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SURTOTAL of Receipts This Page (options	al)	1450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Health Care Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Brett Waters		Date of Receipt
Mailing Address 2416 Mesa St.		10 20 2010
City	State Zip Code	Transaction ID: C1130691
Idaho Falls	ID 83401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer New Beginnings Community	Occupation Administrator	
Living Home Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Brett Waters		Date of Receipt
Mailing Address 2416 Mesa St.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1136609
Idaho Falls	ID 83401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer New Beginnings Community Living Home	Occupation Administrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Marilyn K. Weber		Date of Receipt
Mailing Address PO Box 386		10 25 2010
City	State Zip Code	Transaction ID: C1136534
Wellington	OH 44090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Weber Health Care Center, Inc.	Occupation Superintendent	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1050.00	
SUBTOTAL of Receipts This Page (optional)		250.00

TOTAL This Period (last page this line number only)

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 67 (check only one) X
or for comm	tion copied from such Reports and Sercial purposes, other than using the FCOMMITTEE (In Full) an Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Robert W				Date of Receipt
Mailing A		State	Zip Code	1 1 0 3 2 0 1 0 Transaction ID: C1140720
	ous number of contributing olitical committee.	OH C	43214	Amount of Each Receipt this Period 137.50
	Employer Glen	 '	ancial Officer	
	mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 618.75]
Andrew S	ne (Last, First, Middle Initial) 3 Weisman Address 7442 Stonegate Blvd.			Date of Receipt
City		State	Zip Code	1 0 2 2 2 0 1 0 Transaction ID: C1136449
<u>Parklar</u>	nd	FL	33076	Amount of Each Receipt this Period
	number of contributing olitical committee.	С		1250.00
Name of NuVision	Employer n Management	Occupatio Vice Pre		
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	ne (Last, First, Middle Initial) est Kemper			Date of Receipt
Mailing A	Address 10890 Prospect Road			10 20 7 2010
City		State	Zip Code	Transaction ID: C1130717
	number of contributing olitical committee.	OH C	44149	Amount of Each Receipt this Period 200.00
Name of Kemper	Employer Company	Occupatio Vice Pres		
	For: mary ☐ General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 1100.00	
SUBTOTA	L of Receipts This Page (optional) .	1		1587.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Nile Whitney			Date of Receipt
	Mailing Address 4700 Village Green D			10 19 2010
	City El Dorado Hills	State CA	Zip Code 95762	Transaction ID: C1132304 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00702	25.00
	Name of Employer Medline Industries	Occupation LTC Sale		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Nile Whitney Mailing Address 4700 Village Green D	rive		Date of Receipt
				11 22 2010
	City El Dorado Hills	State CA	Zip Code 95762	Transaction ID: C1147928 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30102	25.00
	Name of Employer Medline Industries	Occupation LTC Sale		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
с. С.	Full Name (Last, First, Middle Initial) Cathy Williams			Date of Receipt
	Mailing Address 826 W Desmond Stre	et		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Winslow	State AZ	Zip Code 86047-2321	Transaction ID: C1130858 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	100.00
	Name of Employer Winslow Campus of Care	Occupation	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2300.00	
	SUBTOTAL of Receipts This Page (optional) .			150.00
f	TOTAL This Period (last page this line numbe		<u> </u>	

A.

В.

PAGE 53 / 67 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Cathy Williams Mailing Address 826 W Desmond Street 10 25 2010 City State Zip Code Transaction ID: C1136647 Winslow ΑZ 86047-2321 Amount of Each Receipt this Period FEC ID number of contributing 1100.00 C federal political committee. Name of Employer Winslow Campus of Care Occupation COO Receipt For: Aggregate Year-to-Date Primary General 2300.00 Other (specify) Full Name (Last, First, Middle Initial) Mark Woolpert Date of Receipt Mailing Address 200 S 13th St 18 2010 Ste 205 City State Zip Code Transaction ID: C1132299 Grover Beach CA 93433-2263 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Compass Health Care Occupation President & CEO Receipt For: Aggregate Year-to-Date Primary General

5000.00

SUBTOTAL of Receipts This Page (optional)	•	6100.00
TOTAL This Period (last page this line number only)	•	45799.95

Other (specify)

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 67 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	nd Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Castle Campaign Fund Mailing Address PO Box 133 City	State Zip Code	Date of Receipt M M M
Wilmington FEC ID number of contributing federal political committee.	DE 19899 C C00254938	Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: 2010 Primary X General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	5000.00

В.

C.

SCH	IEDULE B	(FEC Form	3X)	Use sepa	arate schedule(s)			FOR LIN		-	R:			PAG	ìΕ	55 /	67	
ITE	MIZED DIS	BURSEMEN	ITS	for each	category of the Summary Page		Γ	(check or 21b	nly c	ne) 22	X	23	☐ 2 ⁴	. [25		26
								27		28a		28b	28			29		30b
		d from such Reports poses, other than us															3	
		IITTEE (In Full)																
Ar	merican Healt	th Care Association	on Political	Action C	ommittee													
		First, Middle Initial) OR CONGRESS										on ID:	D10 ement	843	86			
Ma	ailing Address	PO Box 1050								1 ^M 0	M	[/] 2	0 /	Y	ž	0 ť () ^Y	
Ci Bo	ty ourbonnais			State IL	Zip Code 60914-7050					Amou	nt o	f Each	Disbu	sem	ent	this	Perio	od
	urpose of Disbur ontributions to F	rsement ederal Candidates				Г				<u></u>					250	00.00)	
	andidate Name dam Kinzinge	r						egory/ ype										
	fice Sought:	House Senate President District: 11	Disburse	ment For: Primary Other (spe	2010 X General													
	,	First, Middle Initial) OR CONGRESS								Trans Date of		isburse	ement	843	37			
Ma	ailing Address	PO Box 1050								1 ^M 0	M	[′] 2	0 /	Y	ž	0 ť () ^Y	
Cir Bo	ty ourbonnais			State IL	Zip Code 60914-7050					Amou	nt o	f Each	Disbu	sem	ent	this	Perio	od
	rpose of Disbur	rsement ederal Candidates								<u></u>	0			0	5(00.00)	
	andidate Name dam Kinzinge	r						egory/ ype										
	fice Sought:	House Senate President District: 11	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼													
Fu	ıll Name (Last, F	First, Middle Initial) OR CONGRESS											D10	843	88			
_	ailing Address	PO Box 1050									M	isburse 2		Υ	ž	0 Ĭ () ^Y	
Ci Bo	ty ourbonnais			State IL	Zip Code 60914-7050					Amou	nt o	f Each	Disbu	sem	ent	this	Perio	od
	urpose of Disbur	rsement ederal Candidates				Г								. :	200	00.00)	
	andidate Name dam Kinzinge	r						egory/ ype										
Of	fice Sought:	House Senate President	Disburse	ment For: Primary Other (spe	2010 X General													
St	ate: IL	District: 11			·-·· <i>J</i> / ▼													
SUB	TOTAL of Disb	ursements This Pag	e (optional) .					>			-			5	00	0.00)	

TOTAL This Period (last page this line number only)

		(FEC FOIIII 3	·		rate schedule(s)			eck on	: NUMBE	n.		L	PAGE	56 / 6	5/
		BURSEMENT		Detailed S	category of the Summary Page		À	21b 27	22 28a	П	23 28b	24 28	3c	25 29	
	for commercial purp NAME OF COMM	d from such Reports a losses, other than usin ITTEE (In Full) h Care Association	g the name	and addres	s of any political										3
_	7 in one an incare	TO Care 7 to occidence	TT Ontious	7 (01:01) 00	J										
		POLITICAL ACTI	ON COM	MITTEE					Date M		sburs	D10		2 0 1 C	Υ
	Mailing Address	PO Box 40366 Suite 300							1 0			. 0		2010	
	City Washington			tate OC	Zip Code 20016				Amou	ınt of	Each	Disbu	semer	nt this F	Perio
	Purpose of Disbur					Т			L.				50	00.00)
	Candidate Name	ederal Committees					atego								
	Office Sought:	House Senate President		nent For: Primary Other (spe	General		Тур	-							
		District:													
	Full Name (Last, F QUAYLE FOR (D10 ement			
	Mailing Address	4247 N 44th St							1 ^M 0	M /	D 2	2 0 /	Y	010) ^Y
	City Phoenix			tate \Z	Zip Code 85018-4218				Amou	unt of	Each	Disbu	semer	nt this F	Perio
	Purpose of Disbur Contributions to Fe								L.				25	00.00)
	Candidate Name Ben Quayle						atego Type	-							
	Office Sought:	X House Senate President District: 03		nent For: Primary Other (spe	2010 X General cify) ▼										
	Full Name (Last, F										sburs	D10	8421		
	Mailing Address	1675 E Seminol Ste F	e St						1 ^M 0	M /	^D 2	20	Y	010) ^Y
	City Springfield			tate MO	Zip Code 65804-2454				Amou	ınt of	Each	Disbu	semer	nt this F	Perio
	Purpose of Disbur Contributions to Fe						•		<u> </u>	_			10	00.00)
	Candidate Name Billy Long						atego Type								
	Office Sought:	X House Senate President		nent For: Primary Other (spe	2010 X General cify) ▼										
	State: MO	District: 07													
_															

Transaction ID: D108BVRSEMENTS for each category of the Detailed Summary Page 21b 22 28 28 28 29 29 29 27 28 28 28 28 29 29 29 27 28 28 28 28 28 29 29 28 29 29	CHEDULE B (FEC Form 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 57/67 yone)
NAME OF COMMITTEE (in Full)		Detailed Summary Page	21b 27 27	22 X 23 24 25 28a 28b 28c 29
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) DEBICELLA FOR CONGRESS Mailing Address 1 Lazy Brook Rd City State Zip Code CT 06484-3460 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dan Debicella Office Sought: House Senate President State: CT District: 04 Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS Mailing Address 802 Pentoga Trail City City State Zip Code Mil 49920 Office Sought: X House Senate Candidate Name Daniel Benishek Office Sought: X House Senate President State: MI District: 01 Full Name (Last, First, Middle Initial) Friends of Dennis Ross Mailing Address PO Box 7310 City City State Zip Code Category/ Type Amount of Each Disbursement this Per Category/ Type Transaction ID: D108442 Date of Disbursement this Per Category/ Type Amount of Each Disbursement this Per Category/ Type Transaction ID: D108430 Date of Disbursement Category/ Type Amount of Each Disbursement this Per Category/ Type Transaction ID: D108430 Date of Disbursement Category/ Type Amount of Each Disbursement this Per Category/ Type City Category/ Type City Category/ Type Other (specify) ▼ Category/ Type Other (specify) ▼ Category/ Type				
DEBICELLA FOR CONGRESS Mailing Address 1 Lazy Brook Rd City Shelton CT 06484-3460 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Daniel Benishek City State Condidates Mailing Address 802 Pentoga Trail City State Zip Code Condidates Candidates Name Daniel Benishek Office Sought: X House Senate President State: C1 Disbursement For: 2010 City State Zip Code Condidates Candidate Name Daniel Benishek Office Sought: X House Senate President State: C1 Disbursement For: 2010 City State Zip Code Condidates Candidates Candidate Name Daniel Benishek Office Sought: X House Senate President State: C1 Disbursement For: 2010 Full Name (Last, First, Middle Initial) Friends of Dennis Ross Mailing Address PO Box 7310 City State Zip Code Primary X General Other (specify) ▼ Category/ Type Transaction ID: D108430 Date of Disbursement Transaction ID: D108430 Date of Disbursement Amount of Each Disbursement Transaction ID: D108430 Date of Disbursement Amount of Each Disbursement Category/ Type Transaction ID: D108430 Date of Disbursement Amount of Each Disbursement Category/ Type Transaction ID: D108430 Date of Disbursement Amount of Each Disbursement Category/ Type Transaction ID: D108430 Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement Category/ Type Transaction ID: D108430 Date of Disbursement Amount of Each Disbursement Category/ Type Transaction ID: D108430 Date of Disbursement In	NAME OF COMMITTEE (In Full)			
City State: CT District: 04 Full Name (Last, First, Middle Initial) Endidate Name Daniel Benishek Candidate Name Daniel Benishek City State Zip Code CT 06484-3460 Crandidate Name Clast, First, Middle Initial) Friends of Dennis Ross Mailing Address PO Box 7310 City State: All Name (Last, First, Middle Initial) Friends of Dennis Ross Mailing Address PO Box 7310 City State Zip Code Category/ Type Amount of Each Disbursement this Perinary X General Primary X General	•			Date of Disbursement
Shelton CT 06484-3460 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dan Debicella Office Sought: House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS Mailing Address 802 Pentoga Trail City Crystal Falls Senate Primary X General Contributions to Federal Candidates Candidate Name Daniel Benishek Office Sought: X House Senate Primary X General Category/ Type Office Sought: X House Senate Primary X General Category/ Type Office Sought: X House Senate Primary X General Category/ Type Other (specify) ▼ Transaction ID: D108442 Date of Disbursement MI 10 M 2 2 0 1 2 0 1 2 0 1 0 1 0 1 0 1 0 1 0 1	Mailing Address 1 Lazy Brook Rd			10 28 2010
Contributions to Federal Candidates Candidate Name Dan Debicella Office Sought:	Shelton)	Amount of Each Disbursement this Period
Dan Debicella Office Sought: House Senate President State: CT District: 04 Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS Mailing Address 802 Pentoga Trail City State Zip Code MI 49920 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Daniel Benishek Office Sought: X House Primary A General Primary A General Other (specify) ▼ Lakeland FL 33807-7310 City State Zip Code MI 2010 Purpose of Disbursement For: 2010 Full Name (Last, First, Middle Initial) Friends of Dennis Ross Mailing Address PO Box 7310 City State Zip Code Primary A General Other (specify) ▼ Amount of Each Disbursement To Date of Disbursement this Period Date of Disbursement To: 2010 City State Zip Code FL 33807-7310 City State Zip Code Category/ Type Category/ Type Office Sought: X House Primary A General Candidates Candidate Name Candidates Candidate Name Dennis Alan Ross Office Sought: X House Senate Primary A General Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement This Period Date of Date of Disbursement This Period Date of Date of Disbursement This Period Date of Date of Date of Date of Date of Date of Disbursement This Period Date of Date of Date of Date of Date of Date				1000.00
Senate Prisident State: CT District: 04 Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS Mailing Address 802 Pentoga Trail City Crystal Falls Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dennis Alan Ross Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Transaction ID: D108442 Date of Disbursement Mo M				
Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS Mailing Address 802 Pentoga Trail City Crystal Falls Purpose of Disbursement Contributions to Federal Candidates Candidate Name Daniel Benishek Office Sought: X House Primary Senate President State: MI District: 01 City City State Zip Code MI A9920 Amount of Each Disbursement this Pen Category/ Type Transaction ID: D108442 Date of Disbursement Category/ Type Transaction ID: D108430 Transaction ID: D108430 Disbursement For: 2010 Primary X General Disbursement Other (specify) Transaction ID: D108430 Date of Disbursement Transaction ID: D108430 Date of Disbursement Transaction ID: D108430 Date of Disbursement Amount of Each Disbursement Transaction ID: D108430 Date of Disbursement Transaction ID: D108430 Transaction ID: D108430 Date of Disbursement Transaction ID: D108430 Transactio	Senate	Primary X General		
BENISHEK FOR CONGRESS Mailing Address 802 Pentoga Trail City				
City Crystal Falls Purpose of Disbursement Contributions to Federal Candidates Candidate Name Daniel Benishek Office Sought: X House Senate Primary General Other (specify) Mailing Address PO Box 7310 City Lakeland Purpose of Disbursement Category/ Type Category/ Type Transaction ID: D108430 Date of Disbursement Mi M M M M M M M M M M M M M M M M M M	•			Date of Disbursement
Crystal Falls Purpose of Disbursement Contributions to Federal Candidates Candidate Name Daniel Benishek Office Sought: X House Senate Primary X General President State: MI District: 01 Full Name (Last, First, Middle Initial) Friends of Dennis Ross Mailing Address PO Box 7310 City State Zip Code Lakeland FL 33807-7310 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dennis Alan Ross Office Sought: X House Senate Primary X General Other (specify) ▼ Transaction ID: D108430 Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: X House Primary X General Other (specify) ▼ Office Sought: X House Primary X General Other (specify) ▼	Mailing Address 802 Pentoga Trail			
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Daniel Benishek Office Sought: X House Senate Primary X General President Other (specify) ▼ Full Name (Last, First, Middle Initial) Friends of Dennis Ross Mailing Address PO Box 7310 City State Zip Code Lakeland FL 33807-7310 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dennis Alan Ross Office Sought: X House Senate Primary X General Disbursement To: 2010 Amount of Each Disbursement this Period Category/Type Category/Type Office Sought: X House Primary X General Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Period Category/Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼		•		Amount of Each Disbursement this Peri
Candidate Name Daniel Benishek Office Sought: X House Senate Primary X General Other (specify) ▼ State: MI District: 01 Full Name (Last, First, Middle Initial) Friends of Dennis Ross Mailing Address PO Box 7310 City State Zip Code Lakeland FL 33807-7310 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dennis Alan Ross Office Sought: X House Senate Primary X General Other (specify) ▼ Transaction ID: D108430 Date of Disbursement M 1 0 M / D 2 0 / Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y 2 0 1 0 Y 2 0 Y	Purpose of Disbursement			5000.00
Office Sought:	Candidate Name			
Friends of Dennis Ross Mailing Address PO Box 7310 City State Zip Code Lakeland FL 33807-7310 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dennis Alan Ross Office Sought: X House Senate Primary X General Other (specify) Testing Post-of Disbursement Date of Disbursement Tor: 2500.00 Amount of Each Disbursement this Period Primary X General Other (specify) Type	Senate President	Primary X General	,	
Mailing Address PO Box 7310 City State Zip Code Lakeland FL 33807-7310 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dennis Alan Ross Office Sought: X House Senate Primary X General Other (specify) ▼ 10 20 2010 Amount of Each Disbursement this Period Category/ Type Category/ Type Disbursement For: 2010 Primary X General Other (specify) ▼				
Lakeland FL 33807-7310 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Dennis Alan Ross Office Sought:	Mailing Address PO Box 7310			
Contributions to Federal Candidates Candidate Name Dennis Alan Ross Office Sought: X House Senate Primary V General Other (specify)	•)	Amount of Each Disbursement this Peri
Dennis Alan Ross Office Sought: X House Senate Primary President Disbursement For: 2010 Primary X General Other (specify) ▼				2500.00
Office Sought: X House Senate President Disbursement For: 2010 Primary X General Other (specify) ▼				
	Senate	Primary X General	'	

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBE	R:			PA	GE	58 / 6	67
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		k only	one) 22 28a	X	23 28b	Г	24 28c	П	25 29	26 30b
Any Information copied from such Reports and Statem	ents may not be sold or used b				ırpos		olici		ontrib		
or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)	Author Or weither										
American Health Care Association Political	Action Committee										
Full Name (Last, First, Middle Initial) DIRIGO PAC				Trans Date				D1086	90		
Mailing Address PO Box 1355				1 ^M 0	M /	D	2 2	/ Y	ž	0 Ĭ () ^Y
,	State Zip Code VA 22313			Amou	ınt of	Eacl	n Dis	sburse	ment	this F	Period
Purpose of Disbursement Contributions to Federal Committees									200	00.00)
Candidate Name		Category Type	'/								
Office Sought: Senate President State: Disburse Disburse	nent For: Primary General Other (specify)										
Full Name (Last, First, Middle Initial)				T.,		ID	. r	24.000	.07		
DOC PAC				Date				01090 ent	197		
Mailing Address 337 S. Milledge Avenue S	Ste. 101			1 1	M /	D.	1 9	/ Y	ž	0 i c) Y
•	State Zip Code GA 30605			Amou	ınt of	Eacl	n Dis	sburse	ment	this F	Period
Purpose of Disbursement Contributions to Federal PACs									100	00.00)
Candidate Name		Category Type	1/								
Office Sought: Senate President State: Disburse Disburse	ment For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial) McDowell for Congress				Trans Date		sburs	eme	D1084 ent	125		
Mailing Address PO Box 913				1 ^M 0	M /	D	20	/ Y	ž	0 1 C) ^Y
	State Zip Code VII 49783-0913			Amou	ınt of	Eacl	n Dis	sburse	-		
Purpose of Disbursement Contributions to Federal Candidates				L.	_				100	00.00)
Candidate Name Gary McDowell		Category Type	'/								
Office Sought: X House Disburse Senate President	nent For: 2010 Primary X General Other (specify)										
State: MI District: 01				_	_				_		
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>	<u></u>	-	-			400	0.00	
TOTAL This Period (last page this line number only)			•	L.							

	OLE B (FEC FOIIII 3	/ Use sepa	arate schedule(s)			NUMBE , one)	H:		_ <u> </u>	PAGE	59 / 6)/
	ED DISBURSEMENT	Detailed	category of the Summary Page	2 2	1b [22 28a		23 28b	24 28		25 29	
NAME	ation copied from such Reports a nercial purposes, other than using OF COMMITTEE (In Full) can Health Care Association	the name and addre	ss of any political									
JOHN	me (Last, First, Middle Initial) S FUND Address PO Box 853					Date	action of Disl	ourse	D109 ment		0 Ĭ 0	Y
	- FO DOX 600							_		_		
	dsville	State IL	Zip Code 62025			Amou	int of E	Each	Disburs			-
Contrib	e of Disbursement utions to Federal PACs ate Name					L.	•	•		30	00.00	_
Cariolo	ale Name			tegory ype	"							
	Sought: House Senate President	Disbursement For: Primary Other (spe	General ecify) ▼									
State:	District:											
	me (Last, First, Middle Initial) LEAF PINE PAC					Date	actio of Disl м	ourse			V	V
Mailing	Address 703 GREEN VAL SUITE 201	LEY ROAD				1 1	/	້1	9 /	ž	0 Ĭ 0	¥
City Green	sboro	State NC	Zip Code 27408			Amou	int of E	Each	Disburs	semen	t this P	eric
	e of Disbursement utions to Federal PACs									50	00.00	
Candid	ate Name			tegory ype	"/							
Office	Sought: House Senate President District:	Disbursement For: Primary Other (spe	General ▼									
Full Na	me (Last, First, Middle Initial) ZMAN FOR CONGRESS						action of Disl	ourse		3456		
Mailing	Address 250 W 600 N					1 ^M 0	M /	^D 2	0 /	^Y ^Y 2	0 1 0	Y
City Howe		State IN	Zip Code 46746-9476			Amou	int of E	Each	Disburs			_
	e of Disbursement utions to Federal Candidates					L.				50	00.00	_
	ate Name Stutzman			tegory ype	//							
	Sought: X House Senate President	Disbursement For: Primary Other (spe	2010 X General ecify) ▼		_							
State:	N District: 03											
							-		-		-	

CHEDULE B (FEC FOIII 3X)		rate schedule(s)				NUMBE y one)			L	IAGL	60 / 6	٥/
TEMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		<u> </u>	21b 27	22 28a		23 28b	24 28	3c	25 29	
any Information copied from such Reports and Sta r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and addres	ss of any political										3
/ American Health Care Association Polit	ical Action Co	ommittee										
Full Name (Last, First, Middle Initial) Pompeo for Congress Inc								sburs	ED10		2 0 1 C	Y
Mailing Address PO Box 780146						10			. 0		. 0 1 0	,
City Wichita	State KS	Zip Code 67212				Amou	ınt of	Each	Disbu		-	
Purpose of Disbursement Contributions to Federal Candidates										50	00.00)
Candidate Name Michael Pompeo				tego ype	ry/							
Senate President	Primary Other (spe	2010 X General cify)										
State: KS District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH						Date	of Dis	sburs	: D10			
Mailing Address 51 Gleneida Ave						1 ^M 0	M /	^D 2	20 /	YZ	010) ^Y
City Carmel	State NY	Zip Code 10512-1209				Amou	ınt of	Each	Disbu	rsemer	nt this F	Perio
Purpose of Disbursement Contributions to Federal Candidates										25	00.00)
Candidate Name Nan Hayworth				tego ype	ry/							
Office Sought: X House Senate President State: NY District: 19	Primary Other (spe	2010 X General cify)										
Full Name (Last, First, Middle Initial) OCPAC									: D10	9099		
Mailing Address 976 Pacific Avenue						1 1	M /	^D 1	9 /	Y	010) ^Y
City Willows	State CA	Zip Code 95988				Amou	ınt of	Each	Disbu	rsemer	nt this F	Peric
Purpose of Disbursement Contributions to Federal PACs			Г		$\overline{}$	L.				10	00.00)
Candidate Name				tego ype	ry/							
9 🗎	Primary	General										
Senate President	Other (spe	Ony) ▼										
	Otner (spe	—————————————————————————————————————										

Transaction ID: D108429 Date of Disbursement Disbursement For: Disbursement Disbursem	SCHEDULE B (F		· Use sep	arate schedule(s)	FOR LINE	_	PAGE 61 / 67
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) Pat Meehan for Congress Mailing Address PO Box 308 City State Zip Code PA 19063-0308 City State Zip Code PA 19063-0308 City Media PA 19063-0308 Condidate Name Pat Meehan Office Sought: X House Senate President City State President City State President State: PA District: 07 Full Name (Last, First, Middle Initial) FRIENDS OF WEINER Mailing Address 1 Ascan Avenue #31 City State Propose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Anthony D. Weiner Office Sought: X House Primary X General P	ITEMIZED DISB	URSEMENTS			21b	22 X 23	
NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Pat Meehan for Congress Mailing Address PO Box 308 City State Zip Code Media PA 19063-0308 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Pat Meehan Office Sought: X House Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) FRIENDS OF WEINER Mailing Address 1 Ascan Avenue #31 City State Zip Code Primary X General President Other (specify) ▼ Transaction ID: D108429 Date of Disbursement this P Category/ Type Transaction ID: D108686 Date of Disbursement Transaction ID: D108743 Date of Disbursement this P Transaction ID: D108743 Date of Disbursement Transac							
Date of Disbursement No No No No No No No	NAME OF COMMITT	EE (In Full)					2511 001111111111111
City Media PA 19063-0308 City Media PA 19063-0308 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Pat Meehan Office Sought: State: PA District: 07 Full Name (Last, First, Middle Initial) FOrce of Disbursement Contributions to Federal Candidates City Forest Hills Ny 11375 Furpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Anthony D. Weiner Office Sought: X House Sanate Primary X General Other (specify) Transaction ID: D108686 Date of Disbursement 100.00 Transaction ID: D108743 Date of Disbursement Candidate Name Rep. Anthony D. Weiner Other (specify) Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address President City State: NY District: 09 Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address President City Lexington Lexington Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Other (specify) V Category/ Type Amount of Each Disbursement this P Transaction ID: D108743 Date of Disbursement 1000.00 Transaction ID: D108743 Date of Disbursement 100.00 Amount of Each Disbursement this P Category/ Type Amount of Each Disbursement this P Category/ Type Category/ Type Other (specify) V Category/ Type Other (specify) V Transaction ID: D108743 Date of Disbursement this P Transaction ID: D108743 Date of Disbursement this P Category/ Type Other (specify) V Other (specify) Other (specify) V Other (specify) Other (specify) Other (specify) Other (specify)							
Media						M M / D D	Y 2010
Contributions to Federal Candidates Candidate Name Pat Meehan Office Sought:						Amount of Each Disb	ursement this Perio
Pat Meehan Office Sought:	•						2500.00
Senate President Other (specify) ▼ State: PA District: 07 Full Name (Last, First, Middle Initial) FRIENDS OF WEINER Mailing Address 1 Ascan Avenue #31 City Forest Hills Ny 11375 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Anthony D. Weiner Office Sought: X House Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City State Zip Code Primary X General Other (specify) ▼ Transaction ID: D108686 Date of Disbursement This P Category/ Type Amount of Each Disbursement this P Category/ Type Transaction ID: D108743 Date of Disbursement Transaction ID: D108743 Date of Disbursement This P Category/ Type City State Zip Code KY 40508 City State Zip Code KY 40508 City Category/ Type City State Zip Code Category/ Type City Category/ Type City State Zip Code Category/ Type Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: X House Primary X General Other (specify) ▼					0 ,		
Full Name (Last, First, Middle Initial) FRIENDS OF WEINER Mailing Address 1 Ascan Avenue #31 City Forest Hills State Zip Code NY 11375 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Anthony D. Weiner Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City State Zip Code KY 40508 City State Zip Code Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ 2 0 1 0 Amount of Each Disbursement bis P 1000.00 Transaction ID: D108743 Date of Disbursement Amount of Each Disbursement Disbursement Category/ Y 2 0 1 0 Amount of Each Disbursement Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ Office Sought: X House Senate Primary X General Other (specify) ▼		Senate President	Primary	X General			
City State NY District: 09 Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City State Zip Code NY 11375 Transaction ID: D108743 Date of Disbursement M M M / P 2 6 / Y 2 0 1 0 Amount of Each Disbursement this P Category/ Type Transaction ID: D108743 Date of Disbursement M M M / P 2 6 / Y 2 0 1 0 Amount of Each Disbursement this P Transaction ID: D108743 Date of Disbursement M M M / P 2 6 / Y 2 0 1 0 Amount of Each Disbursement this P Category/ Type Transaction ID: D108743 Date of Disbursement City State Zip Code Lexington KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: X House Senate Primary X General Other (specify) ▼	Full Name (Last, First	, Middle Initial)					
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Anthony D. Weiner Office Sought:	Mailing Address 1	Ascan Avenue #3	31			$\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 2 & \end{smallmatrix}$	² 2010
Contributions to Federal Candidates Candidate Name Rep. Anthony D. Weiner Office Sought:						Amount of Each Disb	ursement this Perio
Rep. Anthony D. Weiner Office Sought:							1000.00
Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City State Zip Code Lexington KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼ Transaction ID: D108743 Date of Disbursement Amount of Each Disbursement this P Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼		Veiner					
BEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City State Zip Code Lexington KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: X House Disbursement For: 2010 Senate Primary X General Other (specify) President Date of Disbursement Amount of Each Disbursement this P Category/ Type Office Sought: X House Other (specify) Primary X General Other (specify) Primary X General Other (specify)		Senate President	Primary	X General			
City State Zip Code Lexington KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: X House Senate Primary X General President President Amount of Each Disbursement this P Category/ Type Category/ Type Other (specify) Other (specify)	, ,	,					
Lexington KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: X House Senate Primary X General President President KY 40508 1000.00 1000.00 Category/ Type Category/ Type Other (specify) ▼	Mailing Address F	P. O. Box 12678				10 26	y žo jo
Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: X House Senate Primary Primary X General President Other (specify)						Amount of Each Disb	ursement this Perio
Rep. Ben Chandler Office Sought: Senate President Disbursement For: Primary A General Other (specify)							1000.00
Senate Primary X General President Other (specify) ▼		r					
	Office Sought: X	Senate	Primary	X General			
	State: KY Dis			<i>→</i> , ▼			

SCHEDULE B (FEC Form 3X)

		Use separate schedule(s	s))K LINE neck only					170	∌E 62	7 01
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	$\mathbf{\Box}$	24 28c	25 29	
	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Health Care Association Political	e and address of any politic										
\mathbb{L}	Full Name (Last, First, Middle Initial)	a riction committee								00.44	20	
	BRIGHT FOR CONGRESS.COM							sburs			50 Ž 0 1	OY
	Mailing Address P.O.Box 2106											
	City Montgomery	State Zip Code AL 36102				Amou	int o	f Each	Disb	-		Period
	Purpose of Disbursement Contributions to Federal Candidates					L.	_				1000.0	00
	Candidate Name Rep. Bobby Bright			ateg Typ	ory/ e							
	Office Sought: X House Disburs Senate President State: AL District: 02	ement For: 2010 Primary X General Other (specify)	•									
	Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS							on ID:			- V · V	V
	Mailing Address PO Box 390					1 0	IVI	2	2 0	Ĺ	201	0
	City Waterloo	State Zip Code IA 50704				Amou	int o	f Each	Disb			Period
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name							•			1000.0	00
	Rep. Bruce L. Braley			ateg Typ	-							
	Office Sought: X House Senate President State: IA District: 01	ement For: 2010 Primary X General Other (specify)										
	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI					Trans Date	of D	sburs	emen			
	Mailing Address PO Box 74					1 ^M 0	М	^D 2	2 0	/ <u>Y</u>	žo i	0
	City Syracuse	State Zip Code NY 13214				Amou	int o	f Each	Disb	ursen	nent this	Period
	Purpose of Disbursement Contributions to Federal Candidates					<u></u>					2000.0	00
	Candidate Name Rep. Dan B. Maffei			ateg Typ	ory/ e							
	Office Sought: X House Senate President State: NY District: 25	ement For: 2010 Primary X General Other (specify)	1									
_	Olato. IVI DISTITOT. 20										4000.0	

	3 (FEC Form	ose sep	arate schedule(s)		NUMBER: PAGE 63 / 67
TEMIZED DI	SBURSEMEN	for each Detailed	category of the Summary Page	(check only 21b 27	22 X 23 24 25 28a 28b 28c 29
					for the purpose of soliciting contributions olicit contributions from such committee
NAME OF COM	·	ng the name and addre	ess of any politica	r committee to so	ilcit contributions from such committee
1	, ,	on Political Action (Committee		
Full Name (Last, PETERS FOR	First, Middle Initial) CONGRESS				Transaction ID: D108427 Date of Disbursement
Mailing Address	PO BOX 226				10 10 20 7 2010
City BLOOMFIELD		State MI	Zip Code 48303		Amount of Each Disbursement this Period
	ederal Candidates				1000.00
Candidate Name Rep. Gary C. I	Peters	1		Category/ Type	
Office Sought:	X House Senate President	Disbursement For: Primary Other (sp	2010 X General ecify) ▼		
State: MI	District: 09 First, Middle Initial)				- " - B100101
, .	JIM CLYBURN				Transaction ID: D108434 Date of Disbursement
Mailing Address	Post Office Box	x 12567			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Columbia		State SC	Zip Code 29211		Amount of Each Disbursement this Period
Purpose of Disbu Contributions to I	rsement ederal Candidates				500.00
Candidate Name Rep. James C				Category/ Type	
Office Sought: State: SC	X House Senate President District: 06	Disbursement For: Primary Other (sp	2010 X General ecify) ▼		
Full Name (Last,	First, Middle Initial) FOR CONGRESS				Transaction ID: D108308 Date of Disbursement
Mailing Address	1709 State Rou	ute 560 South			
City Urbana		State OH	Zip Code 43078		Amount of Each Disbursement this Period
	ederal Candidates				2000.00
Candidate Name Rep. Jim Jord				Category/ Type	
Office Sought:	X House Senate	Disbursement For: Primary	2010 X General		
S55 Godgiit.	President	Other (sn	ecity) w	l	1
State: OH	President District: 04	Other (sp	ecity) \		

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Any Information Committee (Last, First, Middle Initial) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-I2 Cincinnati Dayton Road City State Zip Code West Chester OH 45069 Purpose of Disbursement Voided Contribution Candidate Name Rep. John A. Boehner Office Sought: X House Senate President State: OH District: 08 Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code SC 29731 Amount of Each Disbursement Amount of Each Disbursement Type Category' Type Type Type Type Type Type Transaction ID: D109614 Date of Disbursement Type Transaction ID: D108424 Date of Disbursement Type Transaction ID: D108424 Date of Disbursement Transaction ID: D108424 Date of Disbursement Type Ty	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check onl	NUMBER: PAGE 64/67
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-I2 Cincinnati Dayton Road City State Zip Code OH 45069 Purpose of Disbursement Voided Contribution Cardidate Name Rep. John A. Boehner State: OH District: 08 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address POST OFFICE BOX 10986 City State Zip Code OH 45069 Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code Scategory' Type Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code Scategory' Type Office Sought: X House Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Primary X General Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Type Other (specify) ▼ Transaction ID: D109614 Date of Disburs		, ,	21b 27	22 X 23 24 25 28a 28b 28c 29
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-I2 Cincinnati Dayton Road City State Zip Code West Chester OH 45069 Purpose of Disbursement Voiced Contribution Candidate Name Rep. John A. Boehner Office Sought: X House President State: OH District: 08 Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code SC 29731 Purpose of Disbursement Voiced Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: X House Disbursement Voiced Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: X House Disbursement Voiced Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: X House Disbursement Voiced Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: X House Disbursement For: 2010 Primary X General President State: SC District: 05 Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Milling Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contribution Candidate Name Rep. Milk Re ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Milk Re Ross FOR Congress Comment For: 2010 Primary X General Category' Type Other (specify) ▼ Amount of Each Disbursement Primary Signer Rep. Milk Re Ross Office Sought: X House Disbursement For: 2010 Primary X General President President Contributions to Federal Candidates Candidate Name Rep. Milk Re Ross Office Sought: X House Disbursement For: 2010 Primary X General President Presiden	r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any politic		
FRIENDS OF JOHN BOEHNER Mailing Address 7908-I2 Cincinnati Dayton Road City State Zip Code West Chester OH 45069 Purpose of Disbursement Voided Contribution Candidate Name Rep. John A. Boehner Office Sought: X House Senate Primary Category' Type Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code SC 29731 Purpose of Disbursement Voided Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: X House Disbursement For: 2010 Scandidate Name Rep. John M. Spratt, Jr. Office Sought: X House Primary Category' Type Transaction ID: D109614 Date of Disbursement In The Primary Category' Type Amount of Each Disbursement In Transaction ID: D109614 Date of Disbursement In The Primary Category' Type Amount of Each Disbursement In Transaction ID: D109614 Date of Disbursement In The Primary Category' Type Transaction ID: D109614 Date of Disbursement In The Primary Category' Type Transaction ID: D109614 Date of Disbursement In The Primary Category' Type Transaction ID: D109614 Date of Disbursement In The Primary Category' Type Transaction ID: D109614 Date of Disbursement In The Primary Category' Type Amount of Each Disbursement In The Primary Category' Type Transaction ID: D108424 Date of Disbursement In The Primary Category' Type Amount of Each Disbursement In Transaction ID: D108424 Date of Disbursement In The Primary Category' Type Other (specify) ▼ Amount of Each Disbursement In Transaction ID: D108424 Date of Disbursement In The Primary Category' Type Other (specify) ▼ Amount of Each Disbursement In Transaction ID: D108424 Date of Disbursement In The Primary Category' Type Other (specify) ▼ Disbursement In The Primary Category' Type Other (specify) ▼ Disbursement In The Primary Category' Type Other (specify) ▼ Disbursement In The Primary Category' Type Disbu	/ American Health Care Association Polition	cal Action Committee		
City West Chester OH 45069 Purpose of Disbursement Voided Contribution Candidate Name Rep. John A. Boehner Office Sought: X House Senate President State: OH District: 08 Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code Rep. John M. Spratt, Jr. Office Sought: X House President Senate Primary X General Senate President Senate Senate President Senate President Senate President Other (specify) ▼ Transaction ID: D109614 Date of Disbursement **Y 1				Date of Disbursement
West Chester Purpose of Disbursement Voided Contribution Cardidate Name Rep. John A. Boehner Office Sought: X House	Mailing Address 7908-I2 Cincinnati Day	ton Road		11 04 2010
Category/ Type Office Sought:			_	Amount of Each Disbursement this Perio
Rep. John A. Boehner Office Sought:	Voided Contribution			-2500.00
Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code SC 29731 Purpose of Disbursement Voided Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: X House Primary X General Other (specify) ▼ State SC District: 05 Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code Senate President This Period Category/ Type Office Sought: X House Primary X General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Transaction ID: D108424 Date of Disbursement This Period Disbursement This Perio				
Full Name (Last, First, Middle Initial) JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code RCCK HILL SC 29731 Purpose of Disbursement Voided Contribution Candidate Name Rep. John M. Spratt, Jr. Other (specify) ▼ State Sign Code Primary X General Other (specify) ▼ Transaction ID: D109614 Date of Disbursement Mit M / D 0 4 / Y 2 0 1 0 Amount of Each Disbursement this Perion Category/ Type Transaction ID: D108424 Disbursement For: 2010 Senate Primary X General Other (specify) ▼ Transaction ID: D108424 Date of Disbursement Transaction ID: D108424 Date of Disbursement Transaction ID: D108424 Date of Disbursement Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼ General Other (specify) ▼	Senate President	Primary X Genera	I	
JOHN SPRATT FOR CONGRESS COMMITTEE Mailing Address POST OFFICE BOX 10986 City State Zip Code ROCK HILL SC 29731 Purpose of Disbursement Voided Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: X House Senate Primary X General Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House State Zip Code AR 71857 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate Primary X General Category/ Type Disbursement For: 2010 Category/ Type Amount of Each Disbursement this Perimary X General Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ Category/ Type				Turneralism ID D100014
City State Zip Code SC 29731 Purpose of Disbursement Voided Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: X House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate Primary X General Other (specify) ▼ Category/ Type Amount of Each Disbursement this Period And Title Primary X General Other (specify) ▼ Amount of Each Disbursement this Period And Title Primary X General Other (specify) ▼ Office Sought: X House Primary X General Other (specify) ▼ Office Sought: X House Primary X General Other (specify) ▼ Office Sought: X House Primary X General Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	•	MITTEE		Date of Disbursement
RÓCK HILL Purpose of Disbursement Voided Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: State: SC District: 05 Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City Prescott Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Candidate Name Rep. Mike Ross Office Sought: X House Disbursement For: 2010 Primary X General Other (specify) Transaction ID: D108424 Date of Disbursement Mo M / P2 D / Y2 0 1 0 Y2 0 Y2	Mailing Address POST OFFICE BOX 10	0986		111 04 2010
Category Type Category Type Category Type				Amount of Each Disbursement this Perio
Rep. John M. Spratt, Jr. Office Sought:				-2500.00
Senate Primary X General Other (specify) ▼ State: SC District: 05 Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code AR 71857 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼ Transaction ID: D108424 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼				
Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City State Zip Code Prescott AR 71857 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate Primary X General Other (specify) Total Contributions (primary X General Contributions) Primary X General Contributions (primary X General Contributions) Transaction ID: D108424 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Other (specify) Type	Senate President	Primary X Genera	1	
City State Zip Code Prescott AR 71857 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate Primary X General President President State Zip Code Amount of Each Disbursement this Periodate Category/ Type Category/ Type Other (specify) Other (specify)	Full Name (Last, First, Middle Initial)	ITEE		Date of Disbursement
Prescott Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate President Disbursement For: Primary Disbursement For: 2010 Senate Primary V General Other (specify) Other (specify)	Mailing Address PO Box 360			
Contributions to Federal Candidates Candidate Name Rep. Mike Ross Office Sought: X House Senate Primary Primary Category/ Type Category/ Type Other (specify)				Amount of Each Disbursement this Perio
Rep. Mike Ross Office Sought: Senate President Other (specify)				3000.00
Senate Primary X General President Other (specify) ▼				
Sidile. An District. 04	Senate President	Primary X Genera	ı	
	State. An District. U4			

Temize Disbursement City Mitte Plains Not General Contributions to Federal Candidates Candidate Name Rep. Nitat. Ny District: 18 Full Name (Last, First, Middle Initial) File Name (Last, First, Middle Initial) Rep. Nitat. Ny Office Sought: Disbursement Contributions for Federal PACs Cardidate Name Office Sought: Disbursement Contributions for Federal Candidates Candidate Name Office Sought: Disbursement Other (specify) ▼ Disbursement Other (specify) ▼ Disbursement Other (specify) ▼ Transaction ID: D108685 Date of Disbursement Other (specify) ▼ Transaction ID: D108685 Date of Disbursement Amount of Each Disbursement Transaction ID: D108685 Date of Disbursement Transaction ID: D108685 Date of Disbursement This Peric Amount of Each Disbursement This Peric Transaction ID: D108685 Date of Disbursement This Peric Transaction ID: D108685 Date of Disbursement This Peric Amount of Each Disbursement This Peric Transaction ID: D109095 Date of Disbursement Transactio	CHEDULE B (FEC FOIII 3X)	Use separate s		FOR LINE (check only		PAGE	03 / 01
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) NITA LOWEY FOR CONGRESS Mailing Address PO Box 271 City State Zip Code White Plains NY 10605 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Nita M. Lowey Office Sought: Senate President State: Disbursement For: 2010 Alexandria Name Alexandria Name Category/ Type Office Sought: House Senate President Contributions to Federal PACS Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: 2010 City State: Disbursement For: 2010 City State: Disbursement For: 2010 City State: Disbursement For: 2010 City Senate President State: Disbursement For: 2010 City State: Disbursement For: 2010 Category/ Type Transaction ID: D109095 Date of Disbursement Type Category/ Type Amount of Each Disbursement this Peric Category/ Type Transaction ID: D108478 Date of Disbursement Type Category/ Type Office Sought: House President State: Disbursement For: President State: District: Full Name (Last, First, Middle Initial) FILE NDS OF RICH NUGENT Mailing Address PO Box 15668 City State Zip Code Primary General Disbursement Type Contributions to Federal Candidates Candidate Name City State: Zip Code Primary General Disbursement Type Office Sought: Amount of Each Disbursement this Peric Category/ Type Office Sought: Name City State: Zip Code Primary General Disbursement Type City State: Zip Code Primary General Disbursement Type Contributions to Federal Candidates Candidate Name City State Zip Code Primary General Disbursement Type Contributions to Federal Candidates Candidate Name City State State Zip Code Primary General Contributions to Federal Candidates Candidate Name City State		Detailed Summ	ary Page	21b 27	22 X 23 28a 28	b 28c	29
Mailing Address PO Box 271 City White Plains	r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of a	ny political com				
Mailing Address PO Box 271 City White Plains Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Nita M. Lowey Office Sought: Vanish State President State: NY District: 18 Full Name (Last: First, Middle Initial) REPUBLICAN MAJORITY FUND Mailing Address PO Box 144 Suite 300 City Alexandria Va 22313 Purpose of Disbursement Contributions to Federal PACS Candidate Name Office Sought: Va 22313 Purpose of Disbursement Contributions to Federal PACS Candidate Name Office Sought: Senate President Disbursement For: Senate President Other (specify) Full Name (Last: First, Middle Initial) REPUBLICAN MAJORITY FUND Mailing Address PO Box 144 Suite 300 City Alexandria Va 22313 Purpose of Disbursement Contributions to Federal PACS Candidate Name Office Sought: House President Disbursement For: Senate President Other (specify) Transaction ID: D109095 Date of Disbursement this Peric Amount of Each Disbursement this Peric Transaction ID: D109095 Date of Disbursement this Peric Transaction ID: D108478 Date of Disbursement To 0 1 0 2 0 1 2 0 1 0 0 0 0 0 0 0 0 0 0 0					Transaction	ID: D109695	
City White Plains NY 10605 Purpose of Disbursement Contributions to Federal Candidates Cardidate Name Rep. Nita M. Lowey Office Sought: Senate President Other (specify) ▼ State: NY District: 18 Full Name (Last, First, Middle Initial) REPUBLICAN MAJORITY FUND Mailing Address PO Box 144 Suite 300 City Alexandria VA 22313 Purpose of Disbursement Contributions to Federal PACs Candidate Name Office Sought: No President Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Represent For: Senate President State: District: Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address PO Box 15668 City Senate President State: Zip Code Primary General Other (specify) ▼ Amount of Each Disbursement this Peric Nugent Primary General Other (specify) ▼ Transaction ID: D108478 Date of Disbursement This Peric Nugent Primary General Other (specify) ▼ Transaction ID: D108478 Date of Disbursement This Peric Nugent Primary Senate President Nugent This Peric Category/ Type Office Sought: State Zip Code Primary Senate Pr	,				Date of Disb	ursement	YYY
White Plains NY 10605 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Nita M. Lowey Office Sought:	Mailing Address PO Box 271					22 2	010
Contributions to Federal Candidates Candidate Name Rep. Nita M. Lowey Office Sought:					Amount of E		
Rep. Nita M. Lowey Office Sought:						100	00.00
Senate Primary X General Other (specify) ▼ State: NY District: 18 Full Name (Last, First, Middle Initial) REPUBLICAN MAJORITY FUND Mailing Address PO Box 144 Suite 300 City Alexandria VA 22313 Purpose of Disbursement Contributions to Federal PACs Candidate Name Disbursement For: Primary General Prose of Disbursement State: District: Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address PO Box 15668 City State Zip Code Primary General Prose of Disbursement this Peric Primary General Primary Gene							
Full Name (Last, First, Middle Initial) REPUBLICAN MAJORITY FUND Mailing Address PO Box 144 Suite 300 City State Zip Code VA 22313 Purpose of Disbursement Contributions to Federal PACs Candidate Name District: Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address PO Box 15668 City State Zip Code Senate Primary General Other (specify) ▼ Transaction ID: D109095 Date of Disbursement M1 1 M	Senate President	Primary X	General				
City State Zip Code VA 22313 Purpose of Disbursement Contributions to Federal PACs Candidate Name Office Sought: House President Pre	Full Name (Last, First, Middle Initial)				Date of Disb	ursement	
Alexandria Purpose of Disbursement Contributions to Federal PACs Candidate Name Office Sought: House Senate President President State: Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address PO Box 15668 City Brooksville Purpose of Disbursement Contributions to Federal Candidates Candidate Name Richard Nugent Category/ Type Transaction ID: D108478 Date of Disbursement Mo M / P2 D / Y 2 O Y O Y 2 O Y O Y 2 O Y O Y O Y O Y						19 / 2	0 1 0 ^Y
Contributions to Federal PACs Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address PO Box 15668 City State Zip Code FL 34604-0122 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Richard Nugent Office Sought: X House Primary X General Other (specify) ▼ Disbursement For: 2010 Primary X General Other (specify) ▼ Other (specify) ▼	•				Amount of E	ach Disbursement	this Perio
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address PO Box 15668 City State Zip Code Brooksville FL 34604-0122 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Richard Nugent Office Sought: X House Senate President Disbursement For: 2010 Senate Primary General Other (specify) ▼ Transaction ID: D108478 Date of Disbursement Amount of Each Disbursement this Period Category/Type Category/Type Office Sought: X House Senate Primary X General Other (specify) ▼				•		100	00.00
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address PO Box 15668 City State Zip Code Brooksville FL 34604-0122 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Richard Nugent Office Sought: X House Senate Primary X General Other (specify) ▼ Other (specify) ▼ Transaction ID: D108478 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼	Candidate Name		I				
Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address PO Box 15668 City State Zip Code Brooksville FL 34604-0122 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Richard Nugent Office Sought: X House Senate President President Transaction ID: D108478 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: X House Senate Primary X General Other (specify) Other (specify)	Senate President	Primary					
City State Zip Code Brooksville FL 34604-0122 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Richard Nugent Office Sought: X House Senate Primary X General President President Amount of Each Disbursement this Period 2500.00 Category/ Type Other (specify) Primary X General Other (specify)	Full Name (Last, First, Middle Initial)				Date of Disb	ursement	
Brooksville FL 34604-0122 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Richard Nugent Office Sought: X House Senate Primary X General President President President President Senate Other (specify) ▼	Mailing Address PO Box 15668				1 0 1	20 7 2	010
Contributions to Federal Candidates Candidate Name Richard Nugent Office Sought: X House Senate Primary President Category/ Type Category/ Type Other (specify) Primary X General Other (specify)					Amount of E		
Richard Nugent Office Sought: Senate Primary President Disbursement For: 2010 Primary X General Other (specify)						250	00.00
Office Sought:							
State: FL District: 05	Senate President	Primary X	General				
	State: FL District: 05						

_	CUEDOLE B (I		·		arate schedule(s)			E NUMBE ly one)	ER:			PAGE	66 / 0	67
	EMIZED DISB			Detailed S	category of the Summary Page	À	21b 27	22 28a		23 28b	24 28	Sc _	25 29	
	y Information copied fro for commercial purposon NAME OF COMMITT American Health (es, other than using	g the name	and addres	ss of any political									S
	Full Name (Last, First ROB WOODALL F		SS						of Dis	sburs	: D10 ement		2 0 1 C	o Y
	City		S	tate	Zip Code			Amoi	unt of	Each	Disbur			
	Lawrenceville Purpose of Disburser	ment		GA.	30046-1871			-					500.00	
	Contributions to Fede Candidate Name Rob Woodall					atego Type	-					•		
		House Senate President strict: 07		nent For: Primary Other (spe	2010 X General cify) \blacktriangledown	. , p								
	Full Name (Last, First RYAN FRAZIER F Mailing Address		0						of Dis	sburs	: D10 ement		o i o	o Y
	City	-0 B0X 140162	S	tate	Zip Code						Disbur			
	Edgewater			CO	80214			Amo	arit Or	Laci	Disbui		00.00	
	Purpose of Disburser Contributions to Fede Candidate Name Ryan Frazier					atego Type	-		•	•		20	00.00	
		House Senate President strict: 07		nent For: Primary Other (spe	2010 X General cify) V									
	Full Name (Last, First RYAN FRAZIER F	t, Middle Initial)	0					Date	of Dis	sburs	: D10 ement			
	Mailing Address	Po Box 140182						1 ^M 0	M /	2	20	YZ	2 0 1 C	o [*]
	City Edgewater			tate CO	Zip Code 80214			Amou	unt of	Each	Disbur	semer	nt this F	Perio
	Purpose of Disburser Contributions to Fede					*] L.				5	500.00)
	Candidate Name Ryan Frazier					atego Type								
	Office Sought: X	House Senate	Disbursen	Primary	2010 X General									
	State: CO Dis	President strict: 07		Other (spe	cify)									

В.

President

District: 10

ago,, 10002001010		
SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check or	IE NUMBER: PAGE 67 / 67
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name of the commercial purposes.		
NAME OF COMMITTEE (In Full)		
American Health Care Association Politica	al Action Committee	
Full Name (Last, First, Middle Initial)		Transaction ID: D109098
Come Back PAC		Date of Disbursement
Mailing Address PO Box 2485		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Amount of Each Disbursement this Period
Springfield	VA 22152	1000.00
Purpose of Disbursement Contributions to Federal Committees		1000.00
Candidate Name	Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Transaction ID: D108462
THE BILL KEATING COMMITTEE		Date of Disbursement
Mailing Address PO Box 690353		10 M / 20 / Y 2010 Y
City Quincy	State Zip Code MA 02269-0353	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates		1000.00
Candidate Name William Keating	Category/ Type	
Office Sought: X House Disburs	ement For: 2010	

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	69000.00

Other (specify)

State: MA